


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N34569	
1. Entity Name SOUTH DADE CHAPTER #4463 OF AARP, INC.	

Principal Place of Business 1ST NATIONAL BANK PIONEER ROOM HOMESTEAD, FL 33030 US	Mailing Address 987 NE 5TH AVE HOMESTEAD, FL 33030 US
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 94-3092425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH FINE ISLAND ROAD
PLANTATION FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: PETER F. SOUZA
ASSISTANT SECRETARY

DATE: 4/13/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRANHAM, HUGH 987 NE 5 AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAY, BETTY 2527 SE 20TH PL. HOMESTEAD, FL 330351308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, ELBA 23105 SW 182 AVE MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMIREZ, MARGARET 26467 SW 126TH AVENUE HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRANHAM, CLYDE 987 NE 5TH AVE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUNICE, AMELIA 24700 SW 187TH AVE HOMESTEAD, FL 33031

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04/20/05-80038-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clyde J. Trantham 4/18/05 305 248 3376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #