

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90022 039 ****61.25

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

94-3092425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TRANHAM, HUGH	
STREET ADDRESS	987 NE 5 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRAY, BETTY	
STREET ADDRESS	2527 SE 20TH PL.	
CITY-ST-ZIP	HOMESTEAD FL 33035-1308	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMES, ELBA	
STREET ADDRESS	23105 SW 182 AVE	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAMIREZ, MARGARET	
STREET ADDRESS	26467 SW 126TH AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRANHAM, CLYDE	
STREET ADDRESS	987 NE 5TH AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EUNICE, AMELIA	
STREET ADDRESS	24700 SW 187TH AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P. SYTAMA, THOMAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	20255 SW 280 ST.	
STREET ADDRESS	HOMESTEAD FL 33031 3052471805	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Tranham

Tranham

2-11-06 305-248-3376