

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90391 017 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2007

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 ☐ Delete
NAME TRANTHAM, HUGH
STREET ADDRESS 987 NE 5 AVE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE VP ☐ Delete
NAME CRAY, BETTY
STREET ADDRESS 2527 SE 20TH PL.
CITY-ST-ZIP HOMESTEAD FL 33035-1308

TITLE D ☐ Delete
NAME HOLMES, ELBA
STREET ADDRESS 23105 SW 182 AVE
CITY-ST-ZIP MIAMI FL 33170

TITLE S ☐ Delete
NAME RAMIREZ, MARGARET
STREET ADDRESS 26467 SW 126TH AVENUE
CITY-ST-ZIP HOMESTEAD FL 33032

TITLE T ☐ Delete
NAME TRANTHAM, CLYDE
STREET ADDRESS 987 NE 5TH AVE
CITY-ST-ZIP HOMESTEAD FL

TITLE D ☐ 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 ☐ Change ☒ Addition
NAME P. Sytsma THOMAS
STREET ADDRESS 33030
CITY-ST-ZIP 20255 SW 280 ST HOMESTEAD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 S. Trantham, Clyde S. Trantham #145107 (305) 2453371