

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34569

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: SOUTH DADE CHAPTER #4463 OF AARP, INC.

**Current Principal Place of Business:**

1ST NATIONAL BANK  
PIONEER ROOM  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

987 NE 5TH AVE  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

FEI Number: 94-3092425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SYTSMA, THOMAS  
Address: 20255 SW 280 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: CRAY, BETTY  
Address: 2527 SE 20TH PL.  
City-St-Zip: HOMESTEAD, FL 330351308

Title: D ( ) Delete  
Name: HOLMES, ELBA  
Address: 23105 SW 182 AVE  
City-St-Zip: MIAMI, FL 33170

Title: S ( ) Delete  
Name: RAMIREZ, MARGARET  
Address: 26467 SW 126TH AVENUE  
City-St-Zip: HOMESTEAD, FL 33032

Title: T ( ) Delete  
Name: TRANTHAM, CLYDE  
Address: 987 NE 5TH AVE  
City-St-Zip: HOMESTEAD, FL

Title: D ( ) Delete  
Name: EUNICE, AMELIA  
Address: 24700 SW 187TH AVE  
City-St-Zip: HOMESTEAD, FL 33031

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VON LAURER, JOE DR.  
Address: 2705 AUGUST DR.  
City-St-Zip: HOMESTEAD, FL 33035

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE J. TRANTHAM

T

03/31/2009

Electronic Signature of Signing Officer or Director

Date