2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
01-23-2003 90185 030 ****61.25

DOCUMENT # N34569

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

Principal Place of Business	Mailing Address
1ST NATIONAL BANK PIONEER ROOM HOMESTEAD FL 33030 US	987 NE 5TH AVE HOMESTEAD FL 33030 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	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

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

7. Name and Address of New Registered Agent

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

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	RODELY, CLARENCE H.	
STREET ADDRESS	1520 NE 14 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VP	☐ Delete
NAME	CRAY, BETTY	
STREET ADDRESS	2527 SE 20TH PL	
CITY-ST-ZIP	HOMESTEAD FL 33035-1308	
TITLE	VP	☒ Delete
NAME	GANERAZZO, LOUISE	
STREET ADDRESS	14915 GARFEILD DR	
CITY-ST-ZIP	HOMESTEAD FL 33033	
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	P	☐ Change ☑ Addition
NAME	Thomas Sytsma	
STREET ADDRESS	20255 S.W. 280 St..	
CITY-ST-ZIP	Homestead Fl. 330 31	
TITLE	VP	☐ Change ☑ Addition
NAME	Roger Gunderson	
STREET ADDRESS	1632 N Goldeneye Lane	
CITY-ST-ZIP	Homestead, Fl. 33035	
TITLE	D	☐ Change ☑ Addition
NAME	Clyde Trantham	
STREET ADDRESS	987 NE 5 ave	
CITY-ST-ZIP	Homestead Fl. 33030	
TITLE	D	☐ Change ☑ Addition
NAME	Elba Holmes	
STREET ADDRESS	23105 SW 182 Ave	
CITY-ST-ZIP	Miami Fl 33170	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Trantham SIGNATURE REQUIRED 1-8-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #