


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90341 002 \*\*\*\*61.25

<b>DOCUMENT # N96000000526</b> 1. Entity Name <b>CAROL CITY NORTH DADE CHAPTER #5132 OF AARP, INC.</b>			
Principal Place of Business 1711 NW 171 TERRACE OPA LOCKA FL 33056-4952		Mailing Address 18830 NW 44 AVENUE MIAMI FL 33055	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

14001099



MOORE CR2E037 (11/03)

4. FEI Number <b>52-1947981</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	L THOMAS, CHARLES W	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18839 NW 44 AVE	NAME	STREET ADDRESS
STREET ADDRESS	MIAMI FL 33055	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD THOMAS, PATRICIA S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1711 NW 171 TERRACE	NAME	STREET ADDRESS
STREET ADDRESS	OPA LOCKA FL 33056-4952	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	FS THOMAS, HARRIET	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18830 NW 44 AVE	NAME	STREET ADDRESS
STREET ADDRESS	MIAMI FL 33055	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TT MCFORD, IRVIN E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17831 NW 47 AVENUE	NAME	STREET ADDRESS
STREET ADDRESS	MIAMI FL 33055	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP MILLER, DELORIS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18920 NW 22 PLACE	NAME	STREET ADDRESS
STREET ADDRESS	OPA LOCKA FL 33056-4952	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST WAUGH, PEARL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1414 NW 175TH STREET	NAME	STREET ADDRESS
STREET ADDRESS	MIAMI FL 33169	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** IRVIN E. MCFORD *Irvin E. McFord* April 5, 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #