


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90976 032 \*\*\*\*61.25

<b>DOCUMENT # N96000000526</b>					
1. Entity Name CAROL CITY NORTH DADE CHAPTER #5132 OF AARP, INC.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03272005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 52-1947981	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	L	<input checked="" type="checkbox"/> Delete	TITLE	Miller, Delores C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CHARLES W		NAME	18920 N.W. 22 PL	
STREET ADDRESS	18839 NW 44 AVE		STREET ADDRESS	Miami Gardens, FL 33056	
CITY-ST-ZIP	MIAMI, FL 33055		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Mc Intosh, Anniebelle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, PATRICIA S		NAME	4001 N.W. 178 ST V.P	
STREET ADDRESS	1711 NW 171 TERRACE		STREET ADDRESS	Miami Gardens, FL 33056	
CITY-ST-ZIP	OPA LOCKA, FL 330564952		CITY-ST-ZIP		
TITLE	FS	<input type="checkbox"/> Delete	TITLE	L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, HARRIET		NAME	Sallie Holmes	
STREET ADDRESS	18830 NW 44 AVE		STREET ADDRESS	18515 N.W. 22 PL	
CITY-ST-ZIP	MIAMI, FL 33055		CITY-ST-ZIP	Miami Gardens FL 33056	
TITLE	TT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFORD, IRVIN E		NAME		
STREET ADDRESS	17831 NW 47 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33055		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DELORIS		NAME		
STREET ADDRESS	18920 NW 22 PLACE		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 330564952		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	Brown, Wilhelm C.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAUGH, PEARL		NAME	17840 N.W. 28 COURT	ST
STREET ADDRESS	1414 NW 175TH STREET		STREET ADDRESS	Miami Gardens, FL 33056	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP		
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: <i>Delores C. Miller</i>		Date: 4/26/05		Daytime Phone #: (305) 620-9206	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	