


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

*PD*  
*M.O.# 10* **Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000000526**  
1. Entity Name  
**CAROL CITY NORTH DADE CHAPTER #5132 OF AARP, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>1711 NW 171 TERRACE<br/>OPA LOCKA, FL 33056-4952</b> | Mailing Address<br><b>18830 NW 44 AVENUE<br/>MIAMI, FL 33055</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04222007 No Chg-NP CR2E037 (4/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>52-1947981</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>LARUE, FORD<br/>19035 NW 54TH PL<br/>OPA LOCKA, FL 33055</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>MCINTOSH, ANNIEBELLE<br/>4001 N.W. 178 ST<br/>MIAMI GARDENS, FL 33056</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>L<br/>THOMAS, HARRIET<br/>18915 N.W. 22 PL<br/>MIAMI GARDENS, FL 33056</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST<br/>BROWN, WILHELMINA C<br/>17840 N.W. 28 CT<br/>MIAMI GARDENS, FL 33056</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TR<br/>MCFORD, IRVING ED<br/>17831 NW 47TH AVE<br/>CORAL CITY, FL 33055</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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05/16/07-80079-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* *4-25-07* *3056200583*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #