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

DOCUMENT # N9600000526

CAROL CITY NORTH DADE CHAPTER #5132 OF AARP, INC



FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 91006 011 ****61.25

•				COO WE THE					
Principal Plac 1711 NW 171 1 OPA LOCKA FL	TERRACE	Mailing Address 18830 NW 44 AVENUE MIAMI FL 33055	30 NW 44 AVENUE			A Anna (Cala) (Cala) (Cala) (Cala)	55 111 55151 5 111 5 41 5	ià bili làti	
2. Principal Place of Business 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 52-1947981			pplied For at Applicable	
Zip Country		Zip	ip Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	gent 7. Name and			ddress of New Registered Agent			
and the common for the contraction of the contracti				- Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Stree		et Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324									
		•		City		F	Zip Cod	e	
	named entity submits this statement for	or the purpose of changing its	s registered	office or register	red agent, or both, in th	ne State of Florida. 1 a	m familiar with,	and accept	
the obligat	ions of registered agent.								
SIGNATURE .	r							ľ	
SIGNATURE .	Signature, typed or printed hame of registered agent	and title if applicable. (NO	TE: Registered Ag	gent signature required	d 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				
4		irust Fund	Trust Fund Contribution.		Added to Fees	Florida Dep	artment of s	state	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	
TITE	L	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME :	THOMAS, CHARLES W 18839 NW 44 AVE		NAME Street A	, noncoc				}	
STREET ADDRESS- CITY-ST-ZIP	MIAMI FL 33055	X.**	CITY-ST	l l				1	
TITLE	PD	Delete	TITLE				☐ Change	☐ Addition	
NAME	THOMAS, PATRICIA S	55000	NAME					_	
	1711 NW 171 TERRACE		STREET A	l l					
CITY-ST-ZIP	OPA LOCKA FL 33056-4952 FS	man	CITY-ST	ZIP	· Arene man sisk a	<u></u>		First Annual Control	
TITLE NAME	THOMAS, HARRIET	☐ Delete	TITLE NAME		- **	•	Change	Addition	
STREET ADDRESS	18830 NW 44 AVE		STREET A	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33055		CITY-ST	-ZIP					
TITLE	TI INCESSED IN THE SECOND IN T	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	MCFORD, IRVIN E		NAME					}	
STREET ADDRESS CITY-ST-ZIP	17831 NW 47 AVENUE MIAMI FL 33055		STREET A					}	
TITLE	VP	□ Delete	TITLE	211			☐ Change	☐ Addition	
NAME	MILLER, DELORIS	Delete	NAME						
STREET ADDRESS	18920 NW 22 PLACE		STREET A	Address		<i>;</i>			
CITY-ST-ZIP	OPA LOCKA FL 33056-4952		CITY-ST	-ZIP					
TITLE	ST WALLOW DEAD!	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	WAUGH, PEARL 1414 NW 175TH STREET		NAME STREET A	ADDRESS					
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33169	•	CITY-ST						
	pertify that the information supplied with	1 11 1 17 1							

indicated on this report or supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes, I further certify that the Information indicated on this report or suppliemental 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.

305-6200593