

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000526

**Entity Name:** CAROL CITY NORTH DADE CHAPTER #5132 OF AARP, INC.

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC3942137885**

**Current Principal Place of Business:**

18830 NW 44TH AVE  
MIAMI GARDENS, FL 33055-2618

**Current Mailing Address:**

18830 NW 44TH AVE  
MIAMI GARDENS, FL 33055-2618 US

**FEI Number: 52-1947981**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name WILLIAMS, ALICE  
Address 1710 NW 175TH STREET  
City-State-Zip: MIAMI GARDENS, FL 33056

Title VP  
Name SOLOMON, GERALDINE  
Address 3030 NW 205TH STREET  
City-State-Zip: MIAMI GARDENS FL 33056

Title SCRT  
Name FORD, GEORGINA  
Address 19035 NW 54TH PLACE  
City-State-Zip: MIAMI GARDENS FL 33055

Title ASCR  
Name MCCLAIN, JOYCE  
Address 18615 NW 22ND PLACE  
City-State-Zip: MIAMI GARDENS FL 33056

Title TR  
Name MCFORD, IRVING ED  
Address 17831 NW 47TH AVE  
City-State-Zip: MIAMI GARDENS FL 33055

Title ASTR  
Name THOMAS, HARRIET E  
Address 18830 NW 44TH AVE  
City-State-Zip: MIAMI GARDENS FL 33055

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: IRVING MCFORD**

**TREASUER**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date