

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000526

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

FILED
Apr 28, 2014
Secretary of State
CC6684265967

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 ED MCFORD

TREASURE

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date