

2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000000526

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

FILED
Mar 07, 2022
Secretary of State
0087772059CR

Current Principal Place of Business:

889 NW 214TH ST
#102
MIAMI GARDENS, FL 33169

Current Mailing Address:

889 NW 214TH ST
#102
MIAMI GARDENS, FL 33169 US

FEI Number: 52-1947981

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAGOO, FRANCIS DAVE
889 NW 214TH ST
#102
MIAMI GARDENS, FL 33169 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: FRANCIS DAVE RAGOO

03/07/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RAGOO, FRANCIS DAVE
Address 889 NW 214TH ST
 #102
City-State-Zip: MIAMI GARDENS FL 33169

Title 1ST VICE PRESIDENT
Name FORD, LARUE
Address 19035 NW 54TH PL
City-State-Zip: MIAMI FL 33055

Title 2ND VICE PRESIDENT
Name THOMPkins, EDNA
Address 3230 NW 205TH ST
City-State-Zip: MIAMI GARDENS FL 33056

Title SECRETARY
Name LINDSAY, JOSETTA
Address 2915 NW 156TH ST
City-State-Zip: MIAMI GARDENS FL 33056

Title ASST. SECRETARY
Name GRIFFIN, AREATHA
Address 4011 NW 201ST ST
City-State-Zip: MIAMI GARDENS FL 33055

Title TREASURER
Name PIEZE, LORETTA M
Address 1811 NW 171ST
City-State-Zip: MIAMI GARDENS FL 33055

Title ASST. TREASURER
Name JACKSON, ELOUISE
Address 20881 NW 27TH CT
City-State-Zip: MIAMI GARDENS FL 33056

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: FRANCIS DAVE RAGOO

PRESIDENT

03/07/2022

Electronic Signature of Signing Officer/Director Detail

Date