

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763430 (6)

1. Corporation Name

DEERFIELD BEACH CHAPTER #3465 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

1427 E. HILLSBORO BLVD
APT. 629
DEERFIELD BEACH FL 33441-4214

Mailing Address

P.O. BOX 495
DEERFIELD BEACH FL 33443

3. Date Incorporated or Qualified
05/26/1982

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

95-3731598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, MARY E
2363 S.W. 15TH ST.
A85
DEERFIELD BEACH FL 33442

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

900001747229
-03/18/96--01077--001

84 City

***61.25

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOISINGTON, E E
STREET ADDRESS 1427 E. HILLSBORO BLVD, APT 629
CITY-ST-ZIP DEERFIELD BCH FL 33441 ☒ DELETE

1.1 TITLE PD
1.2 NAME BETTY BAKKEN
1.3 STREET ADDRESS 4550 CRYSTAL LAKE DR., APT. 506
1.4 CITY-ST-ZIP POMPANO BCH., FL. 33064 ☐ Change ☐ Addition

TITLE VD
NAME PENN, EDWARD
STREET ADDRESS 23287 BLUE WATER CIRCLE, A405
CITY-ST-ZIP BOCA RATON FL 33433 ☒ DELETE

2.1 TITLE VD
2.2 NAME RALPH JOHNSON
2.3 STREET ADDRESS 1523 E. HILLSBORO BLVD. APT. 432
2.4 CITY-ST-ZIP DEERFIELD BCH, FL. 33441 ☐ Change ☐ Addition

TITLE SD
NAME CLAY, LOLA
STREET ADDRESS 410 N. FEDERAL HWY., A320
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☒ DELETE

3.1 TITLE SD
3.2 NAME ANNA RIEHL
3.3 STREET ADDRESS 2802E S.W. NATURA BLVD.
3.4 CITY-ST-ZIP DEERFIELD BCH., FL. 33441 ☐ Change ☐ Addition

TITLE TD
NAME FINLEY, ELIZABETH
STREET ADDRESS 1349 S.E. 3RD TERRACE
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☒ DELETE

4.1 TITLE TD
4.2 NAME HOWARD STINGEL
4.3 STREET ADDRESS 671 SW 6TH ST., VT 910
4.4 CITY-ST-ZIP POMPANO BCH., FL. 33060 ☐ Change ☐ Addition

TITLE VD
NAME CORCORAN, JOHN
STREET ADDRESS 1523 E. HILLSBORO BLVD, A236
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
SAME ☐ Change ☐ Addition

TITLE VD
NAME SMITH, MARY E
STREET ADDRESS 2363 S.W. 15TH ST., A85
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☒ DELETE

6.1 TITLE VP
6.2 NAME E.E. HOISINGTON
6.3 STREET ADDRESS 1427 E. HILLSBORO BLVD., APT. 629
6.4 CITY-ST-ZIP DEERFIELD BCH., FL. 33441 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard Stingel

HOWARD STINGEL 2,11,96 (954) 781-1760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)