


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90028 018 ****61.25

DOCUMENT # 763430	
1. Entity Name DEERFIELD BEACH CHAPTER #3465 OF AARP, INC.	

Principal Place of Business 278 S.W. 1ST COURT DEERFIELD BEACH FL 33441 US	Mailing Address P.O. BOX 495 DEERFIELD BEACH FL 33443
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address 278 S.W. 1st Court Deerfield Beach, Fl. 33441 Country USA
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1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent MCKEITHON, OVETA 278 S.W. 1ST COURT DEERFIELD BEACH FL 33441	
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4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Oveta McKeithen</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Oveta McKeithen <small>(NOTE: Registered Agent signature required when reinstating)</small>
	3-4-08 <small>DATE</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCKEITHEN, OVETA 278 S.W. 1ST COURT DEERFIELD BEACH FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SMITH, MARY 2363 S.W. 15TH ST A-85 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARVOTES, DONNA 405 N OCEAN BLVD POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Boiken, Michelle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6750 N.E. 21st Road Bldg 1 Fort Lauderdale, Fl. 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T POWERS, MARLENE 170 SE 7TH ST APT 1 DEERFIELD FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GARAMONE, STELLA 750 S.E. 6TH APT 231 DEERFIELD BEACH FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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.	
SIGNATURE: <i>Marlene L Powers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Marlene Powers 3-4-08 954-426-4793 <small>Date Daytime Phone if</small>