

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90031 008 \*\*\*\*61.25

<b>DOCUMENT # N45932</b> 1. Entity Name <b>PALM LAKE/RIVIERA BEACH CHAPTER #4680 OF AARP, INC.</b>					
Principal Place of Business <b>7272 42ND WAY NORTH RIVIERA BEACH, FL 33404 US</b>			Mailing Address <b>7272 42ND WAY NORTH RIVIERA BEACH, FL 33404 US</b>		
2. Principal Place of Business <b>7272 42nd way north</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Riviera Beach Fl.</b>			City & State		
Zip <b>33404</b>		Country <b>US</b>		4. FEI Number <b>52-1707921</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GREENWALD, DOROTHY</b> <b>113 GREENBRIER C</b> <b>WEST PALM BEACH, FL 334172392</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD - GARY SUTTER</b> <b>4144 74th Street</b> <b>Riviera Beach, Fl. 33404</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>DICKEY, MARLENE E</b> <b>4317 71 RD</b> <b>WEST PALM BEACH, FL 33404</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VA - Gloria Loitz</b> <b>4146 74th Place</b> <b>Riviera Beach, Fl. 33404</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>BOCCANFUSO, DOROTHEA</b> <b>7428 48 TERR N #517</b> <b>W PALM BCH, FL 33404</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd VP - Dolores Moore house</b> <b>4347 71st St.</b> <b>Riviera Beach - Fl 33404</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>PETERSON, MARILYN</b> <b>7346 42ND WAY</b> <b>WEST PALM BEACH, FL 33404</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec. Lynn Burkle</b> <b>7381 43rd Terrace</b> <b>Riviera Beach, Fl. 33404</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"><input type="checkbox"/> Delete</div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas. Marlene Dickey</b> <b>4253 74th Street</b> <b>Riviera Beach, Fl 33404</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"><input type="checkbox"/> Delete</div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: <u>Marlene C Dickey - MARlene C Dickey</u></b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> <b>1-31-05</b> <small>Daytime Phone #</small> <b>561-848 0067</b>	