## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 763430**

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

Principal Place of Business 1427 E. HILLSBORO BLVD APT. 629

P.O. BOX 495

Mailing Address

DEERFIELD BEACH FL 33441-4214

DEERFIELD BEACH FL 33443

## **FILED** Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90045 047 \*\*\*\*61.25

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2. Principal P	Principal Place of Business 2a. Mailing Address			_			Date Incorporated or Qualifed			* •	
21 26							05/26/1982				
Suite, Apt. #, etc. Suite, Apt. #, etc.							FEI Number		+ + · · · · ·	lied For	
22	27					1	95-3731598			Applicable	
City & State							Certificate of Status Desired		<b>\$8.75</b> A		
23	28					<u> </u>					
Zip				Country			Election Campaign Financing		\$5.00 t		
24   25   29   30						Trust Fund Contribution · Added to Fees  10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent					81 Name						
POWERS, MICHAEL						SAME					
				: 5	Street Addres	s (P.	O. Box Number is Not Accepta	able)			
170 SE 7TH ST				+							
#1									•		
DEERFIELD BEACH FL 33441				(	City	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										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	' d Agen	Į.	Michael F. Powers 1-27-99  Ignature required when reinstating)  DATE								
12.	Signature, typed or printed name of registered agent and title  OFFICERS AND DIRE		gistered Agen	ી અ	gnature required mi		INSTAINING) IDDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	RS IN 12	
TITLE	PD OFFICERS AND DIKE	DELETE	1,1 TITLE	_					Change	Addition	
NAME				1.2 NAME		CLAT	AJITTAE				
STREET ADDRESS	170 SE 7TH ST #1		1.3 STREET	ተ ልቦ	I .	SAI	YLE	•			
CITY-ST-ZIP	DEERFIELD BCH FL 33441		1.4 CITY-S1								
TITLE	P=1		2.1 TITLE		12		·		Change	☐ Addition	
			2.2 NAME			_,					
NAME	COOKE, LAURA			T 4.D	DODE-00   S	SAI	.∕Œ				
STREET ADDRESS	1428 SE 4TH AVE, 127C		2.3 STREET			)					
CITY-ST-ZIP				2.4 CITY-ST-ZIP 3.1 TITLE					Change	Addition	
TITLE				3.2 NAME		C' A B	УГБЭ		ondingo		
NAME	AHRENS, BETTY E				- 1	SAN	<u>'IB</u>				
STREET ADDRESS	1539 SE 7TH CT		3.3 STREET								
CITY-ST-ZIP	DEERFIELD BCH FL	☐ DELÉTE	3.4. CITY-S	ST-Z	<u> </u>				Change	Addition	
TITLE	TD	☐ DECE IE	4.1 TITLE						Change		
NAME	MONEOTED, MILDIED			4. 2 NAME		SAN	Æ				
STREET ADDRESS	400 NE 20TH ST D216		4.3 STREET		ļ				•		
CITY-ST-ZIP	BOCA RATON FL	C beiete	4.4 CITY- \$1	T- ZI	IP .					☐ Addision	
TITLE	CD	☐ DELETE	5.1 TITLE		l				Change	Addition	
NAME	DLET, NORMA J			5.2 NAME		SAN	Æ.			,	
STREET ADDRESS	1428 SE 4TH AVE #211B		5.3 STREET		DURESS		_				
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	f"l neveze	5.4 CITY-\$1	T- Z1	IP					T A delica	
TITLE	CD	☐ DELETE	6.1 TITLE						Change	Addition	
NAME	POWERS, MARLENE		6.2 NAME			SAN	Œ				
STREET ADDRESS.	170 SE 7TH ST, #1		6.3 STREET	ΓAD	XDRESS						
	DEEDELD EL AA444		6.4 CITY OF	T 71	70 I						

ST-ZIP DEERFIELD FL 33441

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 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, with all other like empowered.

392**-**7751

SIGNATURE:

Lildred McAlister 1-27-99