

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90004 030 ****61.25

0075902

DOCUMENT # 763430

1. Entity Name

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

Principal Place of Business

Mailing Address

**1686 SW 19TH AVENUE
 DEERFIELD BEACH FL 33442**

**P.O. BOX 495
 DEERFIELD BEACH FL 33443**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADLEY, SHIRLEY W
 1686 SW 19TH AVENUE
 DEERFIELD BEACH FL 33442**

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.

SIGNATURE Shirley W. Bradley

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

(NOTE: Registered Agent signature required when reinstating)

1-18-02
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BRADLEY, SHIRLEY W**
 CITY-ST-ZIP **1686 SW 19TH AVENUE
 DEERFIELD BEACH FL 33442**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **BOLKEN, MICHELLE**
 CITY-ST-ZIP **2181 NE 87TH ST APT 604
 FT LAUDERDALE FL 33318**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **DOWNING, PRISCILLA**
 CITY-ST-ZIP **6750 NE 21ST RD #129
 FORT LAUDERDALE FL 33308-1135**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **MALISTER, MILDRED**
 CITY-ST-ZIP **400 NE 20TH ST D216
 BOCA RATON FL**

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS **Marlene Powers**
 CITY-ST-ZIP **170 S.E. 7th St. Apt. 1**

TITLE ☒ Delete
 NAME **CD**
 STREET ADDRESS **HARRIS, ROLAND**
 CITY-ST-ZIP **339 NW 43RD STREET
 POMPANO BEACH FL 33064-2544**

TITLE ☒ Change ☐ Addition
 NAME **CD**
 STREET ADDRESS **Deerfield Beach, Fl. 33442**
 CITY-ST-ZIP **CD**

TITLE ☒ Delete
 NAME **CD**
 STREET ADDRESS **POWERS, MARLENE**
 CITY-ST-ZIP **170 SE 7TH ST, #1
 DEERFIELD FL 33441**

TITLE ☐ Change ☐ Addition
 NAME **CD**
 STREET ADDRESS **Marc Charbounea**
 CITY-ST-ZIP **Boca Raton, Fl. 33433**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.078(3), 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:

Marlene Powers

REQUIRED Marlene powers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-02

CR2E037 (9/01)