

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90024 040 ****61.25

DOCUMENT # 763430

1. Entity Name

DEERFIELD BEACH CHAPTER #3465 OF AARP, INC.



Principal Place of Business

6750 N.E. 21ST BLDG. 1
FORT LAUDERDALE FL 33308-11
US

Mailing Address

P.O. BOX 495
DEERFIELD BEACH FL 33443

2. Principal Place of Business

3. Mailing Address

278 S.W. 1ST. COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL.

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip
33441

Country
BROWARD

Zip

Country
USA

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

BOLKEN, MICHELLE
6750 N.E. 21ST RD., BLDG. 1
FORT LAUDERDALE FL 33308-11

Name
OVETA MCKEITHEN

Street Address (P.O. Box Number is Not Acceptable)
278 S.W. 1ST. COURT

City
DEERFIELD BEACH, FL. FL Zip Code
33441

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 OVETA MCKEITHEN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME BOLKEN, MICHELLE
STREET ADDRESS 6750 N.E. 21ST RD. BLDG. 1
CITY-ST-ZIP FORT LAUDERDALE FL 33308-11

TITLE PRESIDENT ☐ Change ☒ Addition
NAME OVETA MCKEITHEN
STREET ADDRESS 278 S.W. 1ST. COURT
CITY-ST-ZIP DEERFIELD BEACH, FL. 33441

TITLE VP ☒ Delete
NAME JURINSKI, NATALIE
STREET ADDRESS 6109 BALBOA CIRCLE APT. 406
CITY-ST-ZIP BOCA RATON FL 33433-8116

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME MARY SMITH
STREET ADDRESS 2363 S.W. 15TH ST. A- 85
CITY-ST-ZIP DEERFIELD BEACH, FL. 33442

TITLE S ☐ Delete
NAME PERK, SHIRLEY
STREET ADDRESS 1537 E. HILLSBORO BLVD., APT 445
CITY-ST-ZIP DEERFIELD BEACH FL 33441

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

TITLE TD ☐ Delete
NAME POWERTS, MARLENE
STREET ADDRESS 170 SE 7TH ST APT 1
CITY-ST-ZIP DEERFIELD FL 33431

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

TITLE CD ☐ Delete
NAME ROSIS, GERMAINE
STREET ADDRESS 6624 SPRINGBORROM WAYS APT 183
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

SIGNATURE:

MARLENE POWERS

Marlene L. Powers 3-24-05 954-426-4783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #