

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763430 (6)

1. Corporation Name  
**DEERFIELD BEACH CHAPTER #3465 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business: 1427 E. HILLSBORO BLVD, APT. 629, DEERFIELD BEACH FL 33441-4214  
Mailing Address: P.O. BOX 495, DEERFIELD BEACH FL 33443

3. Date Incorporated or Qualified: 05/26/1982  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	95-3731598	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	30	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
SMITH, MARY E 2363 S.W. 15TH ST. A85 DEERFIELD BEACH FL 33442				81	Name			SAME
				82	Street Address (P.O. Box Number is Not Acceptable)			900001747229
				83	City & State			-03/18/96--01077--001
				84	City	85	Zip Code	***61.25 FL

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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOISINGTON, E E			1.2 NAME	BETTY BAKKEN		
STREET ADDRESS	1427 E. HILLSBORO BLVD, APT 629			1.3 STREET ADDRESS	4550 CRYSTAL LAKE DR., APT. 506		
CITY-ST-ZIP	DEERFIELD BCH FL 33441			1.4 CITY-ST-ZIP	POMPANO BCH., FL. 33064		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENN, EDWARD			2.2 NAME	RALPH JOHNSON		
STREET ADDRESS	23287 BLUE WATER CIRCLE, A405			2.3 STREET ADDRESS	1523 E. HILLSBORO BLVD. APT. 432		
CITY-ST-ZIP	BOCA RATON FL 33433			2.4 CITY-ST-ZIP	DEERFIELD BCH, FL. 33441		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAY, LOLA			3.2 NAME	ANNA RIEHL		
STREET ADDRESS	410 N. FEDERAL HWY., A320			3.3 STREET ADDRESS	2802E S.W. NATURA BLVD.		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			3.4 CITY-ST-ZIP	DEERFIELD BCH., FL. 33441		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINLEY, ELIZABETH			4.2 NAME	HOWARD STINGEL		
STREET ADDRESS	1349 S.E. 3RD TERRACE			4.3 STREET ADDRESS	671 SW 6TH ST., VT 910		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			4.4 CITY-ST-ZIP	POMPANO BCH., FL. 33060		
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORCORAN, JOHN			5.2 NAME	SAME		
STREET ADDRESS	1523 E. HILLSBORO BLVD, A236			5.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			5.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, MARY E			6.2 NAME	E.E. HOISINGTON		
STREET ADDRESS	2363 S.W. 15TH ST., A85			6.3 STREET ADDRESS	1427 E. HILLSBORO BLVD., APT. 629		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			6.4 CITY-ST-ZIP	DEERFIELD BCH., FL. 33441		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Howard Stingel HOWARD STINGEL 2,11,96 (954) 781-1760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)