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Feb 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
1427 E. HILLSBORO BLVD APT. 629 DEERFIELD BEACH FL 33441-4214  
P.O. BOX 495 DEERFIELD BEACH FL 33443-0495

3. Date Incorporated or Qualified 05/26/1982  
3a. Date of Last Report 03/18/1996

|    |                                |                     |    |                                                                                         |                          |                                |                          |
|----|--------------------------------|---------------------|----|-----------------------------------------------------------------------------------------|--------------------------|--------------------------------|--------------------------|
| 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 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> | Yes                            | <input type="checkbox"/> |
|    |                                |                     | 30 |                                                                                         |                          | No                             |                          |

9. Name and Address of Current Registered Agent  
SMITH, MARY E  
2363 S.W. 15TH ST.  
A85  
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent  
81 Name BAKKEN, BETTY  
82 Street Address (P.O. Box Number is Not Acceptable) 4550 CRYSTAL LAKE DR.  
83 APT. 506  
84 City POMPANO BCH. FL 85 Zip Code 33064

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 *Betty J. Bakken* BETTY BAKKEN 2-10-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required With Retainers) DATE

12. OFFICERS AND DIRECTORS

|                |                                  |                                            |
|----------------|----------------------------------|--------------------------------------------|
| TITLE          | VP                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | HOISINGTON, E E                  |                                            |
| STREET ADDRESS | 1427 E. HILLSBORO BLVD, APT 629  |                                            |
| CITY-ST-ZIP    | DEERFIELD BCH FL 33441           |                                            |
| TITLE          | PD                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | BAKKEN, BETTY                    |                                            |
| STREET ADDRESS | 4550 CRYSTAL LAKE DR., APT-506   |                                            |
| CITY-ST-ZIP    | POMPANO BCH FL 33064             |                                            |
| TITLE          | VD                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | JOHNSON, RALPH                   |                                            |
| STREET ADDRESS | 1523 E. HILLSBORO BLVD. APT.-432 |                                            |
| CITY-ST-ZIP    | DEERFIELD BCH. FL 33441          |                                            |
| TITLE          | SD                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | RIEHL, ANNA                      |                                            |
| STREET ADDRESS | 2802E SW NATURA BLVD             |                                            |
| CITY-ST-ZIP    | DEERFIELD BCH FL 33441           |                                            |
| TITLE          | VD                               | <input type="checkbox"/> DELETE            |
| NAME           | CORCORAN, JOHN                   |                                            |
| STREET ADDRESS | 1523 E. HILSBORO BLVD, A236      |                                            |
| CITY-ST-ZIP    | DEERFIELD BEACH FL 33441         |                                            |
| TITLE          | TD                               | <input type="checkbox"/> DELETE            |
| NAME           | STINGEL, HOWARD                  |                                            |
| STREET ADDRESS | 671 SW 6TH ST., VT 910           |                                            |
| CITY-ST-ZIP    | POMPANO BCH FL 33060             |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                               |                                                                              |
|--------------------|-------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | PD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | BAKKEN, BETTY                 |                                                                              |
| 1.3 STREET ADDRESS | 4550 CRYSTAL LAKE DR. APT.506 |                                                                              |
| 1.4 CITY-ST-ZIP    | POMPANO BCH, FL. 33964        |                                                                              |
| 2.1 TITLE          | VD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | POWERS, MICHAEL               |                                                                              |
| 2.3 STREET ADDRESS | 170 SE 7th ST. #1             |                                                                              |
| 2.4 CITY-ST-ZIP    | DEERFIELD BCH. FL. 33441      |                                                                              |
| 3.1 TITLE          | SD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | AHRENS, BETTY E.              |                                                                              |
| 3.3 STREET ADDRESS | 1539 SE 7th COURT             |                                                                              |
| 3.4 CITY-ST-ZIP    | DEERFIELD BCH., FL. 33441     |                                                                              |
| 4.1 TITLE          | TD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | McAlister, Mildred            |                                                                              |
| 4.3 STREET ADDRESS | 400 NE 20th ST. D216          |                                                                              |
| 4.4 CITY-ST-ZIP    | BOCA RATON, FL. 33431         |                                                                              |
| 5.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           | SAME                          |                                                                              |
| 5.3 STREET ADDRESS |                               |                                                                              |
| 5.4 CITY-ST-ZIP    |                               |                                                                              |
| 6.1 TITLE          | DC                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | MANCIL, DOROTHY               |                                                                              |
| 6.3 STREET ADDRESS | 367 S FEDERAL HWY, 103B       |                                                                              |
| 6.4 CITY-ST-ZIP    | DEERFIELD BCH. FL. 33441      |                                                                              |

14. I do 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.

SIGNATURE: *Mildred McAlister* MILDRED MCALISTER 2-10-97 (561)592-7751  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)