

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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| 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 |
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|--|--|
| 3. Date Incorporated or Qualified 05/26/1982 | |
| 4. FEI Number 95-3731598 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 2a. Mailing Address |
| 22. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 23. City & State | 27. City & State |
| 24. Zip | 28. Zip |
| 25. Country | 29. Country |
| 30. Country | |

9. Name and Address of Current Registered Agent

BAKKEN, BETTY
 4550 CRYSTAL LAKE DR APT 506
 A85
 POMPANO BCH FL 33964

10. Name and Address of New Registered Agent

| | |
|--|--------------------------------|
| 81 Name Powers, Michael | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 170 SE 7th St., #1 | |
| 83 | |
| 84 City Deerfield Beach | 85 Zip Code FL 33441 |

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 *Michael Powers* **Michael Powers** DATE **1-28-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE VP | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HOISINGTON, E E | | 1.2 NAME Powers, Michael | |
| STREET ADDRESS 1427 E. HILLSBORO BLVD, APT 629 | | 1.3 STREET ADDRESS 170 SE 7th St., #1 | |
| CITY-ST-ZIP DEERFIELD BCH FL 33441 | | 1.4 CITY-ST-ZIP Deerfield Beach, FL. 33441 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE VD | |
| NAME POWERS, MICHAEL | | 2.2 NAME Cooke, Laura | |
| STREET ADDRESS 170 SE 7TH ST 1 | | 2.3 STREET ADDRESS 1428 SE 4th Ave., 127C | |
| CITY-ST-ZIP DEERFIELD BCH FL | | 2.4 CITY-ST-ZIP Deerfield Beach, FL. 33441 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SD | <input type="checkbox"/> DELETE | 3.1 TITLE SAME | |
| NAME AHRENS, BETTY E | | 3.2 NAME SAME | |
| STREET ADDRESS 1539 SE 7TH CT | | 3.3 STREET ADDRESS SAME | |
| CITY-ST-ZIP DEERFIELD BCH FL | | 3.4 CITY-ST-ZIP SAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE TD | <input type="checkbox"/> DELETE | 4.1 TITLE SAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MICALISTER, MILDRED | | 4.2 NAME SAME | |
| STREET ADDRESS 400 NE 20TH ST D216 | | 4.3 STREET ADDRESS SAME | |
| CITY-ST-ZIP BOCA RATON FL | | 4.4 CITY-ST-ZIP SAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CORCORAN, JOHN | | 5.2 NAME Bley, Norma Jean | |
| STREET ADDRESS 1523 E. HILLSBORO BLVD, A236 | | 5.3 STREET ADDRESS 1428 SE 4th Ave., #211B | |
| CITY-ST-ZIP DEERFIELD BEACH FL 33441 | | 5.4 CITY-ST-ZIP Deerfield Beach, FL. 33441 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DC | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE CD | |
| NAME MANCIL, DOROTHY | | 6.2 NAME Powers, Marlene | |
| STREET ADDRESS 367 S FEDERAL HWY, 103B | | 6.3 STREET ADDRESS 170 SE 7th St., #1 | |
| CITY-ST-ZIP DEERFIELD FL | | 6.4 CITY-ST-ZIP Deerfield Beach, FL. 33441 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

14. 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.

SIGNATURE: *Mildred McAlister* **Mildred McAlister** 1-28-98(561)392-7751

CR2E037 (10/97)