

FILE NOW: FILING FEE IS \$61.25

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Feb 19, 1999 8:00am
Secretary of State

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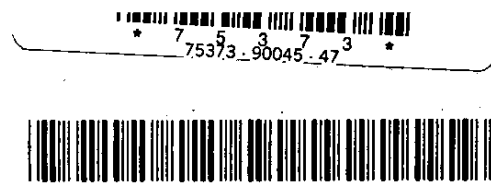
NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763430

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
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21 Principal Place of Business	2a Mailing Address	3 Date Incorporated or Qualified 05/26/1982
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4 FEI Number 95-3731598
23 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	28 Zip	5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	30
		6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POWERS, MICHAEL 170 SE 7TH ST #1 DEERFIELD BEACH FL 33441		81 Name	SAME
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

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 E. Powers **Michael E. Powers** 1-27-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, MICHAEL	1.2 NAME	SAME
STREET ADDRESS	170 SE 7TH ST #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, LAURA	2.2 NAME	SAME
STREET ADDRESS	1428 SE 4TH AVE, 127C	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHRENS, BETTY E	3.2 NAME	SAME
STREET ADDRESS	1539 SE 7TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAJISTER, MILDRED	4.2 NAME	SAME
STREET ADDRESS	400 NE 20TH ST D216	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEY, NORMA J	5.2 NAME	SAME
STREET ADDRESS	1428 SE 4TH AVE #211B	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	5.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, MARLENE	6.2 NAME	SAME
STREET ADDRESS	170 SE 7TH ST, #1	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD FL 33441	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Mildred McAlister **Mildred McAlister** 1-27-99 (561)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

392-7751