

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763430

1. Entity Name

DEERFIELD BEACH CHAPTER #3465 OF AMERICAN ASSOCI

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90139 002 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3731598

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWERS, MICHAEL
170 SE 7TH ST
#1
DEERFIELD BEACH FL 33441

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Michael E. Powers

Michael E. Powers

2-28-00

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	POWERS, MICHAEL	
STREET ADDRESS	170 SE 7TH ST #1	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COOKE, LAURA	
STREET ADDRESS	1428 SE 4TH AVE, 127C	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AHRENS, BETTY E	
STREET ADDRESS	1539 SE 7TH CT	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCALISTER, MILDRED	
STREET ADDRESS	400 NE 20TH ST D216	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BLEY, NORMA J	
STREET ADDRESS	1428 SE 4TH AVE #211B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	CD	<input type="checkbox"/> Delete
NAME	POWERS, MARLENE	
STREET ADDRESS	170 SE 7TH ST, #1	
CITY-ST-ZIP	DEERFIELD FL 33441	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perk, Shirley	
STREET ADDRESS	1537 E.Hillsboro Bl., Apt.130D	
CITY-ST-ZIP	Deerfield Beach, FL.33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carl Nixon	
STREET ADDRESS	214 SW 1st Terr.	
CITY-ST-ZIP	Deerfield Beach, FL.33441-3598	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
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:

Mildred McAlister

Mildred McAlister

2-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)