


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 763430 1. Entity Name DEERFIELD BEACH CHAPTER #3465 OF AARP, INC.	
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Principal Place of Business 6750 N.E. 21ST BLDG. 1 FORT LAUDERDALE FL 33308-11 US	Mailing Address P.O. BOX 495 DEERFIELD BEACH FL 33443
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOLKEN, MICHELLE 6750 N.E. 21ST RD., BLDG. 1 FORT LAUDERDALE FL 33308-11
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7. Name and Address of New Registered Agent Name 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michelle Bolken DATE: 3-8-04

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p>P BOLKEN, MICHELLE 6750 N.E. 21ST RD. BLDG. 1 FORT LAUDERDALE FL 33308-11</p> <p>VP JURSINSKI, NATALIE 6109 BALBOA CIRCLE APT. 406 BOCA RATON FL 33433-8116</p> <p>S PERK, SHIRLEY 1537 E. HILLSBORO BLVD., APT 445 DEERFIELD BEACH FL 33441</p> <p>TD POWERTS, MARLENE 170 SE 7TH ST APT 1 DEERFIELD FL 33431</p> <p>CD ROSIS, GERMAINE 6624 SPRINGBORROM WAYS APT 183 BOCA RATON FL 33433</p>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p style="text-align: center; font-size: small;">U00000085226 03/11/04-80039-011 61.25</p>

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: Marlene L. Powert DATE: 3-8-04 954-426-4723