


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90022 002 \*\*\*\*61.25

<b>DOCUMENT # 763430</b> 1. Entity Name <b>DEERFIELD BEACH CHAPTER #3465 OF AARP, INC.</b>	
--	---

Principal Place of Business 278 S.W. 1ST COURT DEERFIELD BEACH FL 33441 US	Mailing Address P.O. BOX 495 DEERFIELD BEACH FL 33443
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
-----------------------------	-----------------------------

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

<b>6. Name and Address of Current Registered Agent</b> MCKEITHON, OVETA 278 S.W. 1ST COURT DEERFIELD BEACH FL 33441	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
--	--

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 *Oveta McKeithen* Oveta McKeithen 2-12-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete MCKEITHON, OVETA 278 S.W. 1ST COURT DEERFIELD BEACH FL 33441
TITLE	V <input checked="" type="checkbox"/> Delete SMITH, MARY 2363 S.W. 15TH ST. A-85 DEERFIELD BEACH FL 33442
TITLE	S <input checked="" type="checkbox"/> Delete PERK, SHIRLEY 1537 E HILLSBORO BLVD. A-445 DEERFIELD BEACH FL 33441
TITLE	T <input type="checkbox"/> Delete POWERS, MARLENE 170 SE 7TH ST APT 1 DEERFIELD FL 33431
TITLE	CD <input checked="" type="checkbox"/> Delete ROSIS, GERMAINE 6624 SPRINGBOTTOM WAY., APT 183 BOCA RATON FL 33433
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donna Harvotes 405 N Ocean Blvd Pompano Beach, Fl. 33064
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stella Garamone 750 S.E.6th St. Apt. 231 Deerfield Beach, Fl. 33441
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mary Smith 2363 S.W.15th St. A-85 Deerfield Beach, Fl. 33442
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Powers* Marlene Powers 2-12-07 954-426-4793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #