FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711819 (3)

1. Corporation Name

LAKELAND CHAPTER #200 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
% MRS. MARY ALICE STEPHENS 904 EDGEWOOD DRIVE LAKELAND FL 33803	% MRS. MARY ALICE STEPHENS 904 EDGEWOOD DRIVE LAKELAND FL 33803

3. Date Incorporated or Qualified: 11/18/1966
3a. Date of Last Report: 10/10/1995

2. Principal Place of Business	2a. Mailing Address
21 GEORGE STEVENS	26 GEORGE STEVENS
22 Suite, Apt. #, etc. 220 ORANGE VIEW LANE	27 Suite, Apt. #, etc. 220 ORANGE VIEW LANE
23 City & State LAKELAND FL	28 City & State LAKELAND FL
24 Zip 33803 / 25 Country POLK	29 Zip 33803 / 30 Country POLK

4. FEI Number: 59-6194167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WIDER, JUANITA
524 CAROLE STREET
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name: GEORGE STEVENS
82 Street Address (P.O. Box Number is Not Acceptable): 220 ORANGE VIEW LANE
83 LAKELAND
84 City: FL 85 Zip Code: 33803

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: GEORGE STEVENS PRES. George Stevens Pres 2-22-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required in all cases.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WIDEN, JUANITA 524 CAROLE LAKELAND FL 33803	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD GEORGE STEVENS 220 ORANGE VIEW LANE LAKELAND FL 33803-4736	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FOX, WILLIAM 2924 WILLOW AVENUE LAKELAND FL 33803	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JEWELL, WILDA 944 REYNOLDS ROAD #94 LAKELAND FL 33801	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, HOWARD 534 DUSHESS CT LAKELAND FL 33803	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECKHAM, ROSEMARY 4734 KIMBALL CT. W. LAKELAND FL 33813	☑ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D ROSELEIGH GARLICK 3302 PEACHTREE HILL RD LAKELAND FL. 33801-9747	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STEPHENS, MARY ALICE 904 EDGEWOOD DR. LAKELAND FL 33803	☑ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	T FLORENCE THOMPSON 2615 TANGLEWOOD ST #11 LAKELAND FL 33804	☑ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: George Stevens Pres. 3-20-941 646-0570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)