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FILED

Jan 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

STEVENS, GEORGE  
220 ORANGE VIEW LANE  
LAKELAND FL 33803  
USSTEVENS, GEORGE  
220 ORANGE VIEW LANE  
LAKELAND FL 33803-4736  
US3. Date Incorporated or Qualified  
11/18/19663a. Date of Last Report  
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-6194167

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, GEORGE  
220 ORANGE VIEW LANE  
LAKELAND FL 33803

81 Name

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 *George Stevens*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME STEVENS, GEORGE  
STREET ADDRESS 220 ORANGE VIEW LANE  
CITY-ST-ZIP LAKELAND FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE V ☐ DELETE  
NAME FOX, WILLIAM  
STREET ADDRESS 2924 WILLOW AVENUE  
CITY-ST-ZIP LAKELAND FL 338032.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Juanita Widen  
2.3 STREET ADDRESS 524 Carole Street  
2.4 CITY-ST-ZIP Lakeland Fl. 33803TITLE S ☐ DELETE  
NAME JEWELL, WILDA  
STREET ADDRESS 944 REYNOLDS ROAD #94  
CITY-ST-ZIP LAKELAND FL 338013.1 TITLE ☒ Change ☐ Addition  
3.2 NAME S  
3.3 STREET ADDRESS Elsie Stagg  
3.4 CITY-ST-ZIP 4747 State Rd. 33N #122  
Lakeland Fl. 33805TITLE D ☐ DELETE  
NAME GRIFFIN, HOWARD  
STREET ADDRESS 534 DUSHESS CT  
CITY-ST-ZIP LAKELAND FL 338034.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME GARLICK, ROSELEIGH  
STREET ADDRESS 3322 PEACHTREE HILL RD.  
CITY-ST-ZIP LAKELAND FL5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Donald Micklewright  
5.3 STREET ADDRESS 2015 Charnes Court  
5.4 CITY-ST-ZIP Lakeland Fl. 33813TITLE T ☐ DELETE  
NAME THOMPSON, FLORENCE  
STREET ADDRESS 2615 TANGLEWOOD ST., #11  
CITY-ST-ZIP LAKELAND FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0062613

CR2E037 (9/96)