

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**STEVENS, GEORGE  
220 ORANGE VIEW LANE  
LAKELAND FL 33803  
US**

**STEVENS, GEORGE  
220 ORANGE VIEW LANE  
LAKELAND FL 33803  
US**

3. Date Incorporated or Qualified

**11/18/1966**

4. FEI Number

**59-6194167**

Applied For

Not Applicable

2. Principal Place of Business

**21 JUANITA WIDEN**

Suite, Apt. #, etc.

**22 524 CAROLE ST**

City & State

**23 LAKELAND, FL**

Zip

**24 33803-3804**

Country

**25 POLK**

2a. Mailing Address

**26 JUANITA WIDEN**

Suite, Apt. #, etc.

**27 524 CAROLE ST**

City & State

**28 LAKELAND, FL**

Zip

**29 33803-3804**

Country

**30 POLK**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 JUANITA WIDEN**

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

**524 CAROLE ST**

**83**

**84 City LAKELAND,**

**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 **JUANITA WIDEN, PRESIDENT**

**APRIL 20, 1988**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 FL**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **JUANITA WIDEN**  
1.3 STREET ADDRESS **524 CAROLE ST**  
1.4 CITY-ST-ZIP **LAKELAND, FL 33803-3804**

TITLE **V** ☒ DELETE  
NAME **JUANITA WIDEN**  
STREET ADDRESS **524 CAROLE ST**  
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE **V** ☒ Change ☐ Addition  
2.2 NAME **SARAH BEALEFIELD**  
2.3 STREET ADDRESS **839 FAIRWAY AVE.**  
2.4 CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE **S** ☒ DELETE  
NAME **ELSIE STAGG**  
STREET ADDRESS **4747 STATE RD.33N #122**  
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE **S** ☒ Change ☐ Addition  
3.2 NAME **WILDA JEWELL**  
3.3 STREET ADDRESS **944 REYNOLDS RD. LOT 94**  
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **GRIFFIN, HOWARD**  
STREET ADDRESS **534 DUSHESS CT**  
CITY-ST-ZIP **LAKELAND FL 33803**

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **NATALIE GRIFFIN**  
4.3 STREET ADDRESS **6341 CEDAR LANE**  
4.4 CITY-ST-ZIP **LAKELAND FL .33813**

TITLE **D** ☐ DELETE  
NAME **DONALD MCKLEWRIGHT**  
STREET ADDRESS **2015 CHARNES CT**  
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE  
NAME **THOMPSON, FLORENCE**  
STREET ADDRESS **2615 TANGLEWOOD ST., #11**  
CITY-ST-ZIP **LAKELAND FL**

6.1 TITLE **T** ☒ Change ☐ Addition  
6.2 NAME **MARGARET A. JAMES-DRISKILL**  
6.3 STREET ADDRESS **430 W. BELVEDERE ST**  
6.4 CITY-ST-ZIP **LAKELAND, FL 33803**

14. 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 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:

*Juanita Widen*

*April 20 1988*

*944-181-3604*

CR2E037 (10/97)