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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90007 045 \*\*\*\*61.25

**DOCUMENT # 711819**

1. Corporation Name

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

Principal Place of Business

WIDEN, JUANITA  
524 CAROLE ST  
LAKELAND FL 33803-804  
US

Mailing Address

WIDEN, JUANITA  
524 CAROLE ST  
LAKELAND FL 33803-804  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/18/1966

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

9. Name and Address of Current Registered Agent

WIDEN, JUANITA  
524 CAROLE ST  
LAKELAND FL 33803

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WIDEN, JUANITA  
STREET ADDRESS 524 CAROLE ST  
CITY-ST-ZIP LAKELAND FL 33803-3804

TITLE V ☐ DELETE

NAME BEALEFIELD, SARAH  
STREET ADDRESS 839 FAIRWAY AVE  
CITY-ST-ZIP LAKELAND FL 33801

TITLE S ☐ DELETE

NAME JEWELL, WILDA  
STREET ADDRESS 944 REYNOLDS RD, LOT 94  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE

NAME GRIFFIN, ANTALIE  
STREET ADDRESS 6341 CEDAR LANE  
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ DELETE

NAME DONALD MICKLEWRIGHT  
STREET ADDRESS 2015 CHARNES CT  
CITY-ST-ZIP LAKELAND FL

TITLE T ☒ DELETE

NAME JAMES-DRISKILL, MARGARET A  
STREET ADDRESS 430 W BELVEDERE ST  
CITY-ST-ZIP LAKELAND FL 33803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

GRIFFIN, NATALIE

ROLFE, ARLEEC.  
227 WEST OAK DR  
LAKELAND FL 33803-3810

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, with all other like empowered.

SIGNATURE: *Juanita Widen* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

941-686-2604

Daytime Phone #

0056666

CR2F037 (11/98)