

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711819

1. Entity Name

LAKELAND CHAPTER #200 OF AARP, INC.



FILED

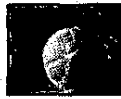
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

Mrs. Mary Bellfield
1830 Lavon St. # H
Lakeland, FL 33805-2552



Mary M. Bellfield
1830 Lavon St. # H
Lakeland, FL 33805

2. Principal Place of Business

3. Mailing Address

FIRST CHRISTIAN Church

Suite, Apt. #, etc.

Suite, Apt. #, etc.

541 South Florida Ave

City & State

City & State

Lakeland, Florida

Zip

Country

Zip

Country

33

Polk

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

200023753252

01/05/04--01059--019 **175.00

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JUANITA, WIDEN	
STREET ADDRESS	524 CAROLE STREET W	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BEALEFIELD, SARAH	
STREET ADDRESS	839 FAIRWAY AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JEWELL, WILDA	
STREET ADDRESS	944 REYNOLDS RD, LOT 94	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DIXON, PHYLLIS P	
STREET ADDRESS	204 E POINSETTIA STREET	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mrs. Mary Bellfield	
STREET ADDRESS	1830 Lavon St. # H	
CITY-ST-ZIP	Lakeland, FL 33805-2552	
TITLE	VACANT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ms. Thelma Halstead	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4543 Holder Court	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE	MR Timothy Randolph	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1415 Alameda Dr S	
STREET ADDRESS	Lakeland FL 33805	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary M. Bellfield
Date 01/05/04
Daytime Phone # 688-2401

CR2E037 (4/03)