

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90029 036 ****61.25

DOCUMENT # 711819	
1. Entity Name LAKELAND CHAPTER #200 OF AARP, INC.	
Principal Place of Business 1830 LAVON STREET #H LAKELAND, FL 33805-2552 US	Mailing Address 1830 LAVON STREET #H LAKELAND, FL 33805-2552 US



44010003



01272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6194167	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLFIELD, MARY 1830 LAVON STREET #H LAKELAND, FL 338052552
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALSTEAD, THELMA 4543 HOLDER COURT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANDOLPH, TIMOTHY 1415 ALAMEDA DR S LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOIS M. WARD 115 BONNY SHORE DR. LAKE LAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

863-688-2401