

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711819

FILED
Jan 07, 2005
Secretary of State

Entity Name: LAKELAND CHAPTER #200 OF AARP, INC.

Current Principal Place of Business:

1830 LAVON STREET #H
LAKELAND, FL 338052552 US

New Principal Place of Business:

Current Mailing Address:

1830 LAVON STREET #H
LAKELAND, FL 338052552 US

New Mailing Address:

FEI Number: 59-6194167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

AARP CHAPTER 200
1830 LAVON STREET
N/A
LAKELAND,, FL 33805 US

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.

SIGNATURE: MARY M. BELLFIELD

01/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELLFIELD, MARY
Address: 1830 LAVON STREET #H
City-St-Zip: LAKELAND, FL 338052552 US

Title: SD () Delete
Name: HALSTEAD, THELMA
Address: 4543 HOLDER COURT
City-St-Zip: LAKELAND, FL 33813

Title: TD () Delete
Name: RANDOLPH, TIMOTHY
Address: 1415 ALAMEDA DR S
City-St-Zip: LAKELAND, FL 33805

Title: VP () Delete
Name: WARD, LOIS M
Address: 115 BONNY SHORE DR
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY M. BELLFIELD

PRES

01/07/2005

Electronic Signature of Signing Officer or Director

Date