


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90248 001 ****61.25
01-16-2007 90248 002 *****8.75

DOCUMENT # 711819	
1. Entity Name LAKELAND CHAPTER #200 OF AARP, INC.	

Principal Place of Business 2015 CHARNES COURT LAKELAND, FL 33813 US	Mailing Address 2015 CHARNES COURT LAKELAND, FL 33813 US
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2. Principal Place of Business - No P.O. Box # 6005 SANDERLING DR	3. Mailing Address 6005 SANDERLING DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKELAND, FL	City & State LAKELAND, FL
Zip 33809	Country USA
Zip 33809	Country USA



01112007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent AARP CHAPTER 200 2015 CHARNES COURT N/A LAKELAND, FL 33813	
7. Name and Address of New Registered Agent Name AARP CHAPTER 200 Street Address (P.O. Box Number is Not Acceptable) 6005 SANDERLING DR City LAKELAND, FL Zip Code 33809	

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 *Clarence S Willard* DATE 11/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKELWRIGHT, DON 2015 CHARNES CT LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLARD, CLARENCE 6005 SANDERLING DR LAKELAND, FL 33809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALSTEAD, THELMA 4543 HOLDER COURT LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANDOLPH, TIMOTHY 1415 ALAMEDA DR S LAKELAND, FL 33805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURDETTE, CHARLES 330 W. WELLINGTON DR LAKELAND, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELLFIELD, MARY M 1830 LAVON STREET LAKELAND, FL 33805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEBASTIANO, SANDRA 6107 DONEGAL W. LAKELAND, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Clarence S Willard* DATE 11/2/07 863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 868-7312