

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90037 050 ****61.25

DOCUMENT # 711819

1. Entity Name

LAKELAND CHAPTER #200 OF AARP, INC.



Principal Place of Business

6005 SANDERLING DRIVE
LAKELAND FL 33809
US

Mailing Address

6005 SANDRLING DRIVE
LAKELAND FL 33809
US



2. Principal Place of Business - No P.O. Box #

FAITH LUTHERAN CH

3. Mailing Address 6005 SANDERLING DR

Suite, Apt. #, etc.

211 EASTON DR.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

LAKELAND FL

City & State

LAKELAND FL

4. FEI Number

59-6194167

Applied For

Not Applicable

Zip

33803

Country

POLK

Zip

33809

Country

POLK

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AARP CHAPTER 200
6005 SANDERLING DRIVE
N/A
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name

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

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

Clarence R. Willard

President Chapter 200 AARP

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

(NOTE: Registered Agent signature and title when not changing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 ☐ Delete
NAME WILLARD, CLARENCE
STREET ADDRESS 6005 SANDERLING DRIVE
CITY-ST-ZIP LAKELAND FL 33809

TITLE SD ☐ Delete
NAME HALSTEAD, THELMA
STREET ADDRESS 4543 HOLDER COURT
CITY-ST-ZIP LAKELAND FL 33813

TITLE TD ☐ Delete
NAME BURDETTE, CHARLES
STREET ADDRESS 330 W WELLINGTON DRIVE
CITY-ST-ZIP LAKELAND FL 33805

TITLE VP ☒ Delete
NAME SEBASTIANO, SANDRA
STREET ADDRESS 6107 DONEGAL W.
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Delete
NAME *Daniel Barker*
STREET ADDRESS *6339 Equest Dr*
CITY-ST-ZIP *Lakeland, FL 33809 P. Box*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 R. Willard

Jan 23, 2008