

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **713592** (4)

1. Corporation Name

LEHIGH ACRES CHAPTER #157 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

**MRS. L. PARKER
409 HOLLYWOOD STREET
LEHIGH ACRES FL 33936**

**MRS. L. PARKER
409 HOLLYWOOD STREET
LEHIGH ACRES FL 33936**

3. Date Incorporated or Qualified
11/08/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

71-3592460

Applied For
Not Applicable

22

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, LAVENIA
409 HOLLYWOOD ST.
LEHIGH ACRES FL 33936**

81

Name

82

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

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CROOK, MORRIS	
STREET ADDRESS	615 GREENWOOD AVE	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BONNELL, WILMA	
STREET ADDRESS	1407 KIMDALE ST	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEBESTIK, LORRAINE	
STREET ADDRESS	612 N LAKE AVE	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, ELIZABETH	
STREET ADDRESS	37 DAWN FLOWER CIRCLE	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PICKENS, HELEN	
STREET ADDRESS	2210 5TH ST E.	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PARKER, LAVENIA	
STREET ADDRESS	409 HOLLYWOOD ST	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WARDER - CORRINE	
1.3 STREET ADDRESS	102 CONTE DRIVE	
1.4 CITY - ST - ZIP	LEHIGH ACRES FL 33936	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEBESTIK, LORRAINE	
2.3 STREET ADDRESS	612 N LAKE AVE	
2.4 CITY - ST - ZIP	LEHIGH ACRES FL 33936	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FOREST, ELLA	
3.3 STREET ADDRESS	306 MERCAN CIRCLE N	
3.4 CITY - ST - ZIP	LEHIGH ACRES FL 33936	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EVANS, ELIZABETH	
4.3 STREET ADDRESS	25 DESERT CANDLE CIRCLE	
4.4 CITY - ST - ZIP	LEHIGH ACRES FL 33936	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MELLARD, MILDRED	
5.3 STREET ADDRESS	233 THISTLE COURT	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lavenia Parker **Parker** **June 6, 1996**
Date Daytime Phone #

CR2E037 (12/95)