2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90051 030 ****61.25

DOCUMENT # 723977

1. Entity Name

JACKSONVILLE-ARLINGTON CHAPTER #1089 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
5000 SAN JOSE BLVD. 156 JACKSONVILLE FL 32207 US	5000 SAN JOSE BLVD. 156 JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10935 INDIES DR. NO.	10935 INDIES DR. NO.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32246 Country: U.S.	Zip: 32246 Country: U.S

4. FEI Number: 23-7191215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHASE, MARIE 5000 SAN JOSE BLVD. 156 JACKSONVILLE FL 32207	Name: JOSEPHINE J. SATTERFIELD Street Address (P.O. Box Number is Not Acceptable): 10935 INDIES DR. NO. City: JACKSONVILLE FL Zip Code: 32246

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.

SIGNATURE: Josephine J Satterfield - TREASURER DATE: 3/12/02
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOEL, PAULINE 1015 IBIS RD JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. CHARLES (CH) TAYLOR 4719 WESCH BLVD JACKSONVILLE, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DWYER, ROSEMARY 3395 BRUNSWICK RD. JACKSONVILLE FL 32207-8917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOSEPHINE J. SATTERFIELD 10935 INDIES DR. NO. JACKSONVILLE, FL 32246	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FIDDLER, BOB 2641 UNIFERSITY BLVD., N., #H102 JACKSONVILLE FL 32211-8304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAFFER, PAULINE 2103 GLEN GARNER DR. JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLAIM, KIMAK 560 BAY RIDGE RD JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHASE, MARIE 5000 SAN JOSE BLVD., # 156 JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Josephine J Satterfield JOSEPHINE J. SATTERFIELD 3/12/02 904 641-7215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #