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FILED

May 21, 2002 8:00 am
Secretary of State

03-05-2002 90067 015 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25376

1. Entity Name

WESTSIDE JACKSONVILLE CHAPTER #4098 OF AMERICAN
ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

WEBB LIBRARY
103RD STREET
JACKSONVILLE FL 32210
US8395 SCOTTISH COURT
JACKSONVILLE FL 32244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

103 rd. ST
6887 103rd ST
JACKSONVILLE, FL
32210 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

94-3053343

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

Name

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

City

FL

Zip Code

MAYNARD, JUNE
8395 SCOTTISH COURT
JACKSONVILLE FL 32244

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

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

(NOTE: Registered Agent signature required when relisting)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MAYNARD, JUNE
STREET ADDRESS 8395 SCOTTISH COURT
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE SD ☒ Delete
NAME SWEARINGEN, MARY
STREET ADDRESS 4333 GENOA AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32210TITLE VD ☒ Delete
NAME WILLIAMS, RUTH
STREET ADDRESS 1592 LANE AVE., SO. #11W
CITY-ST-ZIP JACKSONVILLE FL 32210TITLE TD ☐ Delete
NAME WHITE, BARBARA
STREET ADDRESS 3846 SUNBURY AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32210TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SECRETARY - D ☒ Change ☐ Addition
NAME WILLIAMS, RUTH
STREET ADDRESS 1591 LANE AVE. S. 17-S
CITY-ST-ZIP JACKSONVILLE, FL 32210-1534TITLE VICE-PRESIDENT - D ☒ Change ☐ Addition
NAME WEBB, JOHN
STREET ADDRESS 601 NEWMAN ST. APT 1615
CITY-ST-ZIP JACKSONVILLE, FL 32202TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE E MAYNARD

Date

Daytime Phone #

CR2E037 (9/01)

★

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CORRECTED - 4:30 - 0209M