FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 16 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31263 (9)

1. Corporation Name
LAKE CITY FLORIDA CHAPTER #1872 OF AMERICAN ASSOCIATION OF RETIRED PERSONS INC.

Principal Place of Business	Mailing Address
MASONIC HALL 2685 MCFARLANE AVE. LAKE CITY FL 32055 US	ROUTE 9, BOX 1064 LAKE CITY FL 32055 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1989
3a. Date of Last Report: 04/08/1994
4. FEI Number: 23-7392227 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLS, MARY E
ROUTE 9, BOX 1064
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	☐ Change ☐ Addition
NAME	MARCHAM, BENITA	1.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 441	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	☑ Change ☐ Addition
NAME	MCILVEEN, BETTIE	2.2 NAME	Arabelle Wright - Treasurer.
STREET ADDRESS	17 VALENCIA RD.	2.3 STREET ADDRESS	310 Trible
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	Lake City, FL. 32025-6373
TITLE	DVP	3.1 TITLE	☑ Change ☐ Addition
NAME	YEATTS, NANCY	3.2 NAME	Irene Blackwell
STREET ADDRESS	P. O. BOX 522 N/A	3.3 STREET ADDRESS	203 Country Club Rd.
CITY-ST-ZIP	WHITE SPRINGS FL	3.4 CITY-ST-ZIP	Lake City FL 32025 - 1st Vice President
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, MARY	4.2 NAME	
STREET ADDRESS	203 COUNTRY CLUB RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BAYLESS, GEORGE	5.2 NAME	
STREET ADDRESS	ROUTE 9, BOX 382	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP	
TITLE	DC	6.1 TITLE	☐ Change ☐ Addition
NAME	BAYLESS, PATRICIA	6.2 NAME	
STREET ADDRESS	ROUTE 9, BOX 382	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	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)(i), 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: Arabelle Wright 3/19/95 904-755-7986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Treasurer

0021617