

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 # **N31263** (9)

1. Corporation Name

**LAKE CITY FLORIDA CHAPTER #1872 OF AMERICAN ASSO
CIATION 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**

3. Date Incorporated or Qualified
03/20/1989

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

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

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

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

Frank F. Blackwell

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DS
MARCHAM, BENITA
STREET ADDRESS
ROUTE 3, BOX 441
CITY- ST- ZIP
LAKE CITY FL

TITLE ☐ DELETE

NAME
T
WRIGHT, ARABELLE
STREET ADDRESS
~~240 TRIBLE~~ 905 LAKEWOOD CIRCLE
CITY- ST- ZIP
LAKE CITY FL -32055 APT 1204

TITLE ☒ DELETE

NAME
VP
BLACKWELL, FRANK
STREET ADDRESS
203 COUNTRY CLUB RD
CITY- ST- ZIP
LAKE CITY FL

TITLE ☐ DELETE

NAME
D
BLACKWELL, MARY
STREET ADDRESS
203 COUNTRY CLUB RD.
CITY- ST- ZIP
LAKE CITY FL

TITLE ☐ DELETE

NAME
D
BAYLESS, GEORGE
STREET ADDRESS
ROUTE 9, BOX 382
CITY- ST- ZIP
LAKE CITY FL

TITLE ☐ DELETE

NAME
DC
BAYLESS, PATRICIA
STREET ADDRESS
ROUTE 9, BOX 382
CITY- ST- ZIP
LAKE CITY FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change ☐ 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:

ARABELLE WRIGHT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96
Date

904 753-2986
Daytime Phone #

CR2E037 (12/95)