


FILE NOW: FILING FEE IS \$61.25

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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31263** (9)

1. Corporation Name

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

Principal Place of Business

**MASONIC HALL
2685 MCFARLANE AVE.
LAKE CITY FL 32055
US**

Mailing Address

**ROUTE 9, BOX 1064
LAKE CITY FL 32055
US**

3. Date Incorporated or Qualified

03/20/1989

4. FEI Number

23-7392227

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACKWELL, FRANK F.
203 COUNTRY CLUB ROAD
LAKE CITY FL 32055**

81 Name

Bernita Mortham

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

RR 3 Box 144

83

84 City

Lake City

FL

85 Zip Code
32055

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 **Bernita Mortham**
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 **President** ☒ DELETE
NAME **MARION, DENITA**
STREET ADDRESS **ROUTE 9 BOX 141**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **Treasurer** ☒ DELETE
NAME **WRIGHT, ARABELLE**
STREET ADDRESS **905 LAKEWOOD CIRCLE APT. 1204**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **VP** ☒ DELETE
NAME **GOSSETT, ROBERT A**
STREET ADDRESS **RT 4 BOX 324**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **D** ☒ DELETE
NAME **BLANCHARD, MARY**
STREET ADDRESS **203 COUNTRY CLUB RD.**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **Trustee** ☒ DELETE
NAME **BAYLESS, GEORGE**
STREET ADDRESS **ROUTE 9, BOX 382**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **Trustee** ☒ DELETE
NAME **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 **President** ☐ Change ☐ Addition
1.2 NAME **Bernita Mortham**
1.3 STREET ADDRESS **RT 19 Box 1464**
1.4 CITY-ST-ZIP **LAKE CITY FL 32055**

2.1 TITLE **Treasurer** ☐ Change ☐ Addition
2.2 NAME **Arabelle Wright**
2.3 STREET ADDRESS **1204 Lakewood Circle**
2.4 CITY-ST-ZIP **Lake City FL 32055**

3.1 TITLE **Secretary** ☐ Change ☐ Addition
3.2 NAME **Mary Blanchard**
3.3 STREET ADDRESS **203 Country Club Rd.**
3.4 CITY-ST-ZIP **Lake City FL 32055**

4.1 TITLE **J. Ruth Shuck** ☐ Change ☐ Addition
4.2 NAME **J. Ruth Shuck**
4.3 STREET ADDRESS **RT 14 Box 333**
4.4 CITY-ST-ZIP **LAKE CITY FL 32024**

5.1 TITLE **President** ☐ Change ☐ Addition
5.2 NAME **J. Ruth Shuck**
5.3 STREET ADDRESS **RT 14 Box 333**
5.4 CITY-ST-ZIP **LAKE CITY FL 32024**

6.1 TITLE **500002464825** ☐ Change ☐ Addition
6.2 NAME **-03/23/98--01013--032**
6.3 STREET ADDRESS *****61.25**
6.4 CITY-ST-ZIP

14. 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 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** **Bernita Mortham** **J. Ruth Shuck** **Mary Blanchard** **George Bayless** **Patricia Bayless** **2/16/98**

CR2E037 (10/97)

2

MARCH 16 1998

DIVISION OF CORPORATION

P.O. BOX 1500

TALLAHASSEE, FLORIDA 32302-1500

SANDRA MORTHAM SECRETARY OD STATE,

REFERENCE LETTER \$ 298A00010148

Enclosed is the names of the 3 Trustee for the Chapter 1872
of American Assosiations of Retired Persons Lake City Fl 32055

MR FRANK HOLT, RT 4 Box 576 Lake City Fl 32055

MR GEORGE BAYLESS, ROUTE 9 Box 382 Lake City Fl 32025

Mrs Pat Bayless Route 9 Box 382 Lake City Fl 32025

These names are to be in Block #12

The Names of the new officers that should be in Block #13 is listed
below

Bernita Markham, President. RT 19 Box 1464 Lake City Fl 32025

J Ruth Shirk, First Vice Pres, RT 14 Box 333 Lake City Fl 32024

Mary Blackwell Secretary 203 Country Club Rd Lake City Fl 32055

Arabelle Wright 1204 Lakewood Circle. Lake City Fl 32025

The above corrections was the ones requested.

Respectfully Yours

Mrs. Arabelle Wright

Mrs Arabelle Wright Treasurer