

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90006 007 ****61.25

DOCUMENT # N31263

1. Entity Name

LAKE CITY FLORIDA CHAPTER #1872 OF AARP, INC.



Principal Place of Business

Mailing Address

MASONIC HALL
2685 MCFARLANE AVE.
LAKE CITY FL 32055
US

~~RT. 19 BOX 1349~~
LAKE CITY FL 32025
US

44003320



MOORE

CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

492 S.E. PEACOCK TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAKE CITY, FL

City & State

City & State

32025

Columbia

4. FEI Number

23-7392227

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

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JONES, JEAN	
STREET ADDRESS	RT. 19 BOX 1349	
CITY - ST - ZIP	LAKE CITY FL 32025	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARKHAM, BENITA	
STREET ADDRESS	RT. 19 BOX 1484	
CITY - ST - ZIP	LAKE CITY FL 32025	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BLACKWELL, MARY	
STREET ADDRESS	203 COUNTRY CLUB RD.	
CITY - ST - ZIP	LAKE CITY FL 32025	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BLACKWELL, MARY	
STREET ADDRESS	203 COUNTRY CLUB RD	
CITY - ST - ZIP	LAKE CITY FL 32025	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	THORNDIKE, JOY	
STREET ADDRESS	RT. 12 BOX 254	
CITY - ST - ZIP	LAKE CITY FL 32025	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THORNDIKE, JOY	
STREET ADDRESS	RT. 12, BOX 254	
CITY - ST - ZIP	LAKE CITY FL 32025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN P. JONES	
STREET ADDRESS	492 S.E. PEACOCK TERRACE	
CITY - ST - ZIP	LAKE CITY FL 32025-9117	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITA MARKHAM	
STREET ADDRESS	4404 S.E. CTY Rd 252	
CITY - ST - ZIP	LAKE CITY FL 32025-9486	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNIE TIMERCK	
STREET ADDRESS	4528 S.E. CTY Ad 252	
CITY - ST - ZIP	LAKE CITY FL 32025	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNABELLE BURNHAM	
STREET ADDRESS	P.O. Box 366	
CITY - ST - ZIP	LAKE CITY FL 32056	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joy THORNDIKE	
STREET ADDRESS	396 S.E. Hubble ST	
CITY - ST - ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSIE HOLLIDAY	
STREET ADDRESS	116 S.E. Kiwi Way	
CITY - ST - ZIP	LAKE CITY FL 32025	

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: Jean P. Jones - JEAN P. JONES, President 8-23-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #