

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVAL
AND
FILED

DOCUMENT # N31263

1. Entity Name

LAKE CITY FLORIDA CHAPTER #1872 OF AARP, INC.



06 JAN 23 PH 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

MASONIC HALL
2685 MCFARLANE AVE.
LAKE CITY FL 32055
US

Mailing Address

492 SE PEACOCK TERRACE
LAKE CITY FL 32025
US

2. Principal Place of Business

3. Mailing Address

247 S.E. EMERSON COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAKE CITY FL.

City & State

City & State

32025

COLUMBIA

Zip

Country

Zip

Country

4. FEI Number

23-7392227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)

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)

100062202541
12/15/05 01045 001 **01.23

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 May 1, 2006

PMT FOR 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Delete
NAME	JONES, JEAN P	
STREET ADDRESS	492 SE PEACOCK TERRACE	
CITY-ST-ZIP	LAKE CITY FL 32025-9117	
TITLE	V	☒ Delete
NAME	MARKHAM, BENITA	
STREET ADDRESS	4404 SE CTY RD 252	
CITY-ST-ZIP	LAKE CITY FL 32025-9486	
TITLE	DS	☐ Delete
NAME	TIMERCK, BONNIE	
STREET ADDRESS	4528 SE CTY RD 252	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	DT	☒ Delete
NAME	BURNHAM, ANABELLE	
STREET ADDRESS	PO BOX 366	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE	D	☐ Delete
NAME	THORNDIKE, JOY	
STREET ADDRESS	396 SE HUBBLE ST	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	☐ Delete
NAME	HOLLIDAY, ELSIE	
STREET ADDRESS	116 SE KIWI WAY	
CITY-ST-ZIP	LAKE CITY FL 32025	

TITLE	P	☒ Change ☐ Addition
NAME	Hazel Hutchison	
STREET ADDRESS	247 S.E. Emerson Court	
CITY-ST-ZIP	LAKE CITY FL. 32025	
TITLE	V	☒ Change ☐ Addition
NAME	Michelle Adamcewicz	
STREET ADDRESS	139 S.E. Andy Court	
CITY-ST-ZIP	LAKE CITY FL. 32025	
TITLE	DS	☐ Change ☒ Addition
NAME	Bonnie Timerck	
STREET ADDRESS	4528 SE CTY RD 252	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	DT	☒ Change ☐ Addition
NAME	Darlene Joyce Neal	
STREET ADDRESS	4272 S.W. BIRLEY AVE.	
CITY-ST-ZIP	LAKE CITY FL. 32024	
TITLE	D	☐ Change ☐ Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☐ Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		

K. Eckel JAN 25, 2006

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: Out-going President - PMT FOR 2006 - Jean P. Jones 12-12-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #