


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90020 037 ****61.25

DOCUMENT # N31263	
1. Entity Name LAKE CITY FLORIDA CHAPTER #1872 OF AARP, INC.	

Principal Place of Business MASONIC HALL 2685 MCFARLANE AVE. LAKE CITY, FL 32055 US	Mailing Address 247 S.E. EMERSON COURT LAKE CITY, FL 32025 US
---	---

2. Principal Place of Business - No P.O. Box # 2685 SW MCFARLANE AVE	3. Mailing Address 492 SE PEACOCK TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE CITY, FL 32025	City & State LAKE CITY, FL 32025
Zip US	Zip US

40079538



04162007 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7392227	Applied For <input type="checkbox"/> 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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHISON, HAZEL	NAME	JEAN P. JONES
STREET ADDRESS	247 S.E. EMERSON COURT	STREET ADDRESS	492 SE PEACOCK TERR
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMCEWICZ, MICHILEME	NAME	
STREET ADDRESS	139 S.E. ANDY COURT	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMERCK, BONNIE	NAME	
STREET ADDRESS	4528 SE CTY RD 252	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, DARLENE JOYCE	NAME	
STREET ADDRESS	4272 S.W. BIRLEY AVE.	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32024	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNDIKE, JOY	NAME	
STREET ADDRESS	396 SE HUBBLE ST	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIDAY, ELSIE	NAME	ELSIE S. HOLLIDAY
STREET ADDRESS	116 SE KIWI WAY	STREET ADDRESS	116 SE KIWI WAY
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	LAKE CITY, FL 32025

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Elsie S. Holliday **ELSIE S. HOLLIDAY, TREASURER** **4-16-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #