


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90034 047 ****61.25

DOCUMENT # N31263 1. Entity Name LAKE CITY FLORIDA CHAPTER #1872 OF AARP, INC.	
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Principal Place of Business 2685 SW MCFARLANE AVE LAKE CITY, FL 32025 US	Mailing Address <i>116 SE Kiwi Way</i> 492 SE PEACOCK TERR LAKE CITY, FL 32025 US
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7392227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, JEAN-P <i>Elsie S. Holliday</i> 492 SE PEACOCK TERR <i>116 SE Kiwi Way</i> LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMCEWICZ, MICHELEME <i>Micheline</i> 139 S.E. ANDY COURT LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TIMERCK, BONNIE <i>Bonnie T. Smith</i> 4528 SE CTY RD 252 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOLLIDAY, ELSIE <i>Ken Graulich</i> 116 SE KIWI WAY <i>200 SE Sundial Pl</i> LAKE CITY, FL 32025 <i>Lake City, FL 32025</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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* 3/3/08 386-762-3703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #