

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31263

FILED
Mar 11, 2009
Secretary of State

Entity Name: LAKE CITY FLORIDA CHAPTER #1872 OF AARP, INC.

Current Principal Place of Business:

2685 SW MCFARLANE AVE
LAKE CITY, FL 32025 US

New Principal Place of Business:

628 SE ALLISON CT.
LAKE CITY, FL 32025 US

Current Mailing Address:

116 SE KIWI WAY
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 23-7392227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLLIDAY, ELSIE S
Address: 116 SE KIWI WAY
City-St-Zip: LAKE CITY, FL 32025

Title: V () Delete
Name: ADAMCEWICZ, MICHELINE
Address: 139 SE ANDY COURT
City-St-Zip: LAKE CITY, FL 32025

Title: DS () Delete
Name: SMITH, BONNIE T
Address: 4528 SE CTY RD 252
City-St-Zip: LAKE CITY, FL 32025

Title: DT () Delete
Name: GRAULICH, KEN
Address: 200 SE SUNDIAL PL
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: HUTCHISON, HAZEL
Address: 248 SE EMERSON
City-St-Zip: LAKE CITY, FL 32025

Title: DT (X) Change () Addition
Name: HOENICH, CAROL
Address: 3377 168TH ST
City-St-Zip: WELLBORN, FL 32094

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSIE S. HOLLIDAY

PRES

03/11/2009

Electronic Signature of Signing Officer or Director

Date