


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE  Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>194000003398</b> 1. Corporation Name <b>Richardson Heights Chapter 4951 of American Association of Retired Persons, Inc</b>			
Principal Place of Business <b>Mrs. Ola Jones, Treasurer 1864 Kings Rd., Apt. 110 Jacksonville, FL 32209-5360</b>		Mailing Address 3. Date Incorporated or Qualified <b>July 11, 1994</b>	
2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		4. FEI Number <b>521844044</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent <b>Mrs. Ola Jones, Treasurer 1864 Kings Rd, Apt. 110 Jacksonville, FL 32209-5360</b>	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>		11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am aware with and accept the obligations of Section 617.0506, Florida Statutes. SIGNATURE <b>Ola Jones</b> 6/2/98 (NOTE: Registered Agent's signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME <b>President Mrs. Annie B. Woody</b> 13 STREET ADDRESS <b>9534 Addison Rd</b> 14 CITY-ST-ZIP <b>Jacksonville, FL 32208-1923</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME <b>Vice President Mrs. Barbara Shuman</b> 23 STREET ADDRESS <b>4297 Francis Rd.</b> 24 CITY-ST-ZIP <b>Jacksonville, FL 32209-1905</b>	
TITLE <input type="checkbox"/> DELETE NAME <b>Ms. Winifred Williams</b> STREET ADDRESS <b>Recording Secretary 11054 Rosco Junction Dr.</b> CITY-ST-ZIP <b>Jacksonville, FL 32207-3301</b>		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>Mrs. Ola Jones</b> STREET ADDRESS <b>Treasurer 1864 Kings Rd, Apt. 110</b> CITY-ST-ZIP <b>Jacksonville, FL 32209-1828</b>		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>D. Frances Middlebrooks</b> STREET ADDRESS <b>1530 W. Logan St.</b> CITY-ST-ZIP <b>Jacksonville, FL 32209</b>		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
14. 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 annual report or supplemental annual 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 executor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.		SIGNATURE: <b>Ola Jones</b> 4/25/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		(904) 356-5571	

CR2E037 (10/97)