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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003398

1. Corporation Name
RICHARDSON HEIGHTS CHAPTER #4951 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

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Principal Place of Business C/O MRS. OLA JONES 1864 KINGS RD., APT. 110 JACKSONVILLE FL 32209-5360	Mailing Address C/O MRS. OLA JONES 1864 KINGS RD., APT. 110 JACKSONVILLE FL 32209-5360
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	3. Date Incorporated or Qualified 07/11/1994	4. FEI Number 52-1844044 Applied For: Not Applicable
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent JONES, OLA MRS. 1864 KINGS RD., APT. 110 JACKSONVILLE FL 32209-5360	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

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	MIDDLEBROOKS, FRANCES 1530 W. LOGAN ST JACKSONVILLE FL 32209	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	MATHEM, A NEWELL <input type="checkbox"/> Change <input type="checkbox"/> Addition president 9075 8th ave Jacksonville FL 32208
TITLE DP	WOODY, ANNIE B 8534 ADDISON RD JACKSONVILLE FL 32208-1923	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Edna Frazier <input type="checkbox"/> Change <input type="checkbox"/> Addition vice pres 2487 W. 23 ST Jacksonville, FL 32209
TITLE D	WILLIAMS, WINIFRED 11054 LOSCO JUNCTION DRIVE JACKSONVILLE FL 32257-3301	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Bertha W. Richardson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sec. 1304 Whitner St Jacksonville, Fla 32209
TITLE D	JONES, OLA 1864 KINGS ROAD, #110 JACKSONVILLE FL 32209-1828	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Caroline M. B. B. <input type="checkbox"/> Change <input type="checkbox"/> Addition D 9457 Madison Ave, Fla. Jacksonville, Fla.
TITLE DV	SHUMAN, BARBARA 4297 FRANCIS RD JACKSONVILLE FL 32209-1905	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Frances Middlebrook <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 1530 W. Logan St. Jacksonville, Fla 32209
TITLE D	SYLVIA JAMES 6044 ZINNIA ST JACKSONVILLE, FLA.	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Jessie Frazier <input type="checkbox"/> Change <input type="checkbox"/> Addition D 1804 Grunthal St. Jacksonville

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Olga Jones* 3/17/99 (904) 356-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)