

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90351 033 ****61.25

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DOCUMENT # N94000003398

1. Entity Name

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

Principal Place of Business

Mailing Address

C/O ANNIE B WOODY
8534 ADDISON RD.
JACKSONVILLE FL 32208

C/O ANNIE B WOODY
8534 ADDISON RD.
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1844044

Applied For

Not Applicable

Zip 32209

Country Duval

Zip

Country

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

WOODY, ANNIE B
8534 ADDISON RD.
JACKSONVILLE FL 32208

Name Bertha W. Richardson

Street Address (P.O. Box Number is Not Acceptable)

1304 Whitner St

City

Jacksonville

FL

Zip Code

32209

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of Florida.

SIGNATURE

Bertha W. Richardson

1-28-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME CUMMINGS, THOMAS
STREET ADDRESS 3123 RIBOUBT SCENIS DR.
CITY-ST-ZIP JACKSONVILLE FL 32209 ☒ Delete

TITLE
NAME Mrs. Betty Spencer ☒ Change ☐ Addition
STREET ADDRESS 5017 7th Ave Rd
CITY-ST-ZIP Jacksonville, FL 32208

TITLE DV
NAME FRAZIER, EDNA
STREET ADDRESS 2487 N 23ST
CITY-ST-ZIP JACKSONVILLE FL 32209 ☒ Delete

TITLE
NAME Ms. Martina Newell ☒ Change ☐ Addition
STREET ADDRESS 9075 8th Ave
CITY-ST-ZIP Jacksonville, FL 32208

TITLE TS
NAME RICHARDSON, BERTHA
STREET ADDRESS 1304 WHITNER ST.
CITY-ST-ZIP JACKSONVILLE FL 32209-1828 ☐ Delete

TITLE
NAME Ms. Barbara Shymant ☒ Change ☐ Addition
STREET ADDRESS 4297 Francis Rd
CITY-ST-ZIP Jacksonville, FL 32208

TITLE AS
NAME SPANN, EVELYN
STREET ADDRESS 2573 MINOSE ST.
CITY-ST-ZIP JACKSONVILLE FL 32209 ☒ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME WOODY, ANNIE B
STREET ADDRESS 8534 ADDISON RD.
CITY-ST-ZIP JACKSONVILLE FL 32208 ☒ Delete

TITLE
NAME Bertha W. Richardson ☒ Change ☐ Addition
STREET ADDRESS 1304 Whitner St
CITY-ST-ZIP Jacksonville, FL 32209

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: Betty Jean Spencer, President 3-20-02 904(765-0804)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)