

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0003446

DOCUMENT # N94000003398

1. Entity Name

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

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

Principal Place of Business C/O ANNIE B WOODY 8534 ADDISON RD. JACKSONVILLE FL 32208	Mailing Address C/O ANNIE B WOODY 8534 ADDISON RD. JACKSONVILLE FL 32208
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Bertha W Richardson</i>	3. Mailing Address <i>1304 Whitner St</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Jacksonville, FL</i>	City & State	4. FEI Number 52-1844044	Applied For Not Applicable
Zip <i>32209</i>	Country <i>Duval</i>	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~WOODY, ANNIE B
8534 ADDISON RD.
JACKSONVILLE FL 32208~~

7. Name and Address of New Registered Agent

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* DATE *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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUMMINGS, THOMAS 3123 RIBOUBT SCENIS DR. JACKSONVILLE FL 32209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRAZIER, EDNA 2487 N 23ST JACKSONVILLE FL 32209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RICHARDSON, BERTHA 1304 WHITNER ST JACKSONVILLE FL 32209-1828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPANN, EVELYN 2573 MINOSE ST. JACKSONVILLE FL 32209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODY, ANNIE B 8534 ADDISON RD. JACKSONVILLE FL 32208	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ms. Betty Spencer</i> <i>5017 Folders Rd</i> <i>Jacksonville, FL 32208</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ms. Martina Newell</i> <i>9075 8th Ave</i> <i>Jacksonville, FL 32208</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ms. Barbara Shymant</i> <i>4297 Francis Rd</i> <i>Jacksonville, FL 32208</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bertha W Richardson</i> <i>1304 Whitner St</i> <i>Jacksonville, FL 32209</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* *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)