


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003398.**

1. Entity Name  
 RICHARDSON HEIGHTS CHAPTER #4951 OF AARP, INC.



Principal Place of Business BERTHA W RICHARDSON 1304 WHITNER ST JACKSONVILLE, FL 32209	Mailing Address BERTHA W RICHARDSON 1304 WHITNER ST JACKSONVILLE, FL 32209
---	---

**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-1844044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, BERTHA W  
 1304 WHITNER ST  
 JACKSONVILLE, FL 32209

**DO NOT WRITE IN THIS SPACE**

I, 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. I am familiar with, and accept the obligations of registered agent

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

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCER, BETTY 5017 FOXBERS RD JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NEWELL, MARTINA 9075 8TH AVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SHUMAN, BARABARA 4297 FRANCIS RD JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDSON, BERTHA W 1304 WHITNER JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

UD0000128000  
 04/26/04-80021-007 61.25

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:** *Bertha W. Richardson - Bertha W Richardson - 4-22-04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #