


FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004614 (0)**

1. Corporation Name

**LAKE REGION CHAPTER #5210 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**2824 WILLOW AVENUE  
LAKELAND FL 33803**

**2824 WILLOW AVENUE  
LAKELAND FL 33803**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified

**08/13/1997**

4. FEI Number

**52-2040712**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOX, MERCEDES M  
2824 WILLOW AVENUE  
LAKELAND FL 33803**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOX, MERCEDES M</b>	1.2 NAME	
STREET ADDRESS	<b>2824 WILLOW AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATH, ALFRED</b>	2.2 NAME	<b>JEAN PUCHSTEIN</b>
STREET ADDRESS	<b>5427 HARBOR DRIVE WEST</b>	2.3 STREET ADDRESS	<b>1733 ATHENS CT.</b>
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	2.4 CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, SHIRLEY M</b>	3.2 NAME	<b>BARBARA PONTIER</b>
STREET ADDRESS	<b>1610 REYNOLDS RD, LOT 305</b>	3.3 STREET ADDRESS	<b>1112 BEACON RD. #43</b>
CITY-ST-ZIP	<b>LAKELAND FL 33805</b>	3.4 CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILCREST, EDNA</b>	4.2 NAME	<b>ROBERT RISCOE</b>
STREET ADDRESS	<b>719 E CRAWFORD STREET</b>	4.3 STREET ADDRESS	<b>2131 E. GACHET BLVD.</b>
CITY-ST-ZIP	<b>LAKELAND FL 33805</b>	4.4 CITY-ST-ZIP	<b>LAKELAND, FL 33813</b>
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, H MARIE</b>	5.2 NAME	<b>LOLA WILLIAMS</b>
STREET ADDRESS	<b>3563 RAIN TREE COURT</b>	5.3 STREET ADDRESS	<b>3552 RAIN TREE CT</b>
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	5.4 CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>
TITLE	<b>D S</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOX, WILLIAM W</b>	6.2 NAME	
STREET ADDRESS	<b>2824 WILLOW AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	6.4 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 receiver 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:

*Mercedes M Fox*

*April 2, 1998 941-686-2456*

CR2E037 (10/97)