

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90042 049 ****61.25

0056747

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004614

1. Corporation Name

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

Principal Place of Business

2924 WILLOW AVENUE
LAKELAND FL 33803

Mailing Address

2924 WILLOW AVENUE
LAKELAND FL 33803



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/13/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

52-2040712

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOX, MERCEDES M
2924 WILLOW AVENUE
LAKELAND FL 33803**

81 Name

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

83

84 City

FL

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 **D** ☐ DELETE
NAME **FOX, MERCEDES M**
STREET ADDRESS **2924 WILLOW AVENUE**
CITY-ST-ZIP **LAKELAND FL 33803**

1.1 TITLE **D/P** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **PUCHSTEIN, JEAN**
STREET ADDRESS **1733 ATHENS CT**
CITY-ST-ZIP **LAKELAND FL 33803**

2.1 TITLE **D/S** ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PONTIER, BARBARA**
STREET ADDRESS **1112 BEACON RD #43**
CITY-ST-ZIP **LAKELAND FL 33803**

3.1 TITLE **D/C** ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **RISCOE, ROBERT**
STREET ADDRESS **2131 E. GACHET BLVD**
CITY-ST-ZIP **LAKELAND FL 33813**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILLIAMS, LOLA**
STREET ADDRESS **3552 RAIN TREE CT**
CITY-ST-ZIP **LAKELAND FL 33803**

5.1 TITLE **D/V** ☒ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **FOX, WILLIAM W**
STREET ADDRESS **2924 WILLOW AVENUE**
CITY-ST-ZIP **LAKELAND FL 33803**

6.1 TITLE **D/C** ☐ Change ☒ Addition
6.2 NAME **JONES, SHIRLEE**
6.3 STREET ADDRESS **1516 FERN PLACE**
6.4 CITY-ST-ZIP **LAKELAND, FL 33801**

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, with all other like empowered.

SIGNATURE: Mercedes M. Fox 3/5/99 941-686-2456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E037 (1/98)