

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90228 002 \*\*\*\*61.25

**DOCUMENT # N97000004614**

1. Entity Name

LAKE REGION CHAPTER #5210 OF AARP, INC.



Principal Place of Business

LAKE REGION AARP  
3552 RAINTREE CT  
LAKELAND FL 33803-4906

Mailing Address

LAKE REGION AARP  
P.O. BOX 92285  
LAKELAND FL 33804-2285

34011030



MOORE CR2E037 (11/03)

2. Principal Place of Business

4304 Sunnyside Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

4. FEI Number

52-2040712

Applied For

Not Applicable

Zip

33810-2581

Country

USA

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILKE, JOHN H  
424 LAZY LAKE DR.W.  
LAKELAND FL 33801-6404

7. Name and Address of New Registered Agent

Name

Hallman, Ephraim L.

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

4304 Sunnyside Drive

Lakeland

City

FL

Zip Code

33810-2581

8. 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

*Ephraim L. Hallman, Pres. Ephraim L. Hallman*

*Apr 27, 2004*

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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	DP WILLIAMS, LOLA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	424 LAZY LAKE DR.W. LAKELAND FL 33801-3404	
TITLE NAME	DS GIESEMAN, DOROTHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6091 WATERWOOD WAY BARTOW FL 33830	
TITLE NAME	DT MCDONALD, ALLAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	729 CONCORD LANE LAKELAND FL 33809	
TITLE NAME	DS THIELE, KARL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	PO BOX 91274 LAKELAND FL 33804-1274	
TITLE NAME	DV SHUMAN, ANN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1356 W. LAKE BONNY DR W LAKELAND FL 33801	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D Williams, Lola	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3552 Raintree Ct Lakeland, FL 33803	
TITLE NAME	DP Hallman, Ephraim L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	4304 Sunnyside Drive Lakeland, FL 33810-2581	
TITLE NAME	DS Parker, Ann	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	400 S. Florida Ave Lakeland, FL 33801	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ephraim L. Hallman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

863-858-1946

Daytime Phone #