FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB -2 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709529 (2)

1. Corporation Name

CAPE CORAL RETIRED CITIZENS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5819 DRIFTWOOD PKWY CAPE CORAL FL 33904	5819 DRIFTWOOD PKWY CAPE CORAL FL 33904

3. Date Incorporated or Qualified: 08/31/1965
3a. Date of Last Report: 02/04/1994
4. FEI Number: 23-7229224 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LLOYD, THELMA
4907 SW 2ND PLACE
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, JOAN	1.2 NAME	
STREET ADDRESS	5920 SW 1ST CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LATWINSKI, EDWARD	2.2 NAME	
STREET ADDRESS	2801 SE 17TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	LLOYD, THELMA	3.2 NAME	
STREET ADDRESS	4907 SW 2ND PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	AT ☒ Change ☐ Addition
NAME	MANNA, MARY	4.2 NAME	JOHN J. SOWKO
STREET ADDRESS	1919 SE 4TH ST	4.3 STREET ADDRESS	4827 SW 2nd Place
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	CAPE CORAL, FL
TITLE	DVP	5.1 TITLE	☐ Change ☐ Addition
NAME	RANDALL, MARGE	5.2 NAME	
STREET ADDRESS	2019 SE 10TH LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	S ☒ Change ☐ Addition
NAME	BAKAZAN, BERTHA	6.2 NAME	LEONORA CARPENTIER
STREET ADDRESS	607 SE 47TH ST	6.3 STREET ADDRESS	619 SE 47th St.
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP	CAPE CORAL, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Thelma L Lloyd 1/27/95 813-542-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THELMA LLOYD

0069209