

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:23

DOCUMENT # **N06382 (8)**

1. Corporation Name

GOLDEN GATE AREA CHAPTER #3753 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business Mailing Address
GOLDEN GATE COMMUNITY CENTER 4020 32ND AVE SW
GOLDEN GATE FL 33999 NAPLES FL 33999
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/29/1984	3a. Date of Last Report 02/04/1994
4. FEI Number 59-2425583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

HALL, HELEN W
2491 43RD ST SW
NAPLES FL 33999

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	KOLLARCK, FRANK
STREET ADDRESS	5355 19TH AVE SW
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	COVONE, PAT
STREET ADDRESS	4472 30TH PL SW
CITY-ST-ZIP	NAPLES FL
TITLE	V
NAME	HALL, HELEN
STREET ADDRESS	2491 43RD ST SW
CITY-ST-ZIP	NAPLES FL
TITLE	TREASURER
NAME	LOCKER, BOB
STREET ADDRESS	4020 32ND AVE SW
CITY-ST-ZIP	NAPLES FL
TITLE	S
NAME	PARTINGTON, BARBARA
STREET ADDRESS	4415 23RD PL SW
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	FIEDLER, EDNA
STREET ADDRESS	4397 20TH PLACE SW
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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: Robert Locker ROBERT LOCKER 1/31/95 455-6725
Treasurer