

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Aug 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF REVENUE <b>Sandra B. Morfitt</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06382 (8)**

1. Corporation Name  
**GOLDEN GATE AREA CHAPTER #3753 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business <b>GOLDEN GATE COMMUNITY CENTER GOLDEN GATE FL 33909 34116 US</b>	Mailing Address <b>4820 32ND AVE SW NAPLES FL 33909 34116 US</b>
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3. Date Incorporated or Qualified <b>11/29/1984</b>	
4. FEI Number <b>59-2425583</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. Country
24. Country	29. Zip
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**LOCKER, ROBERT  
4820 32ND AVE, SW  
GOLDEN GATE 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	85. Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRENCH, SCOTT</b>	1.2 NAME	
STREET ADDRESS	<b>4181 30TH AVE., SW</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GOLDEN GATE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COVONE, PAT</b>	2.2 NAME	
STREET ADDRESS	<b>4472 30TH PL SW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TILL, GENEVA</b>	3.2 NAME	
STREET ADDRESS	<b>2184 42ND ST., SW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GOLDEN GATE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOCKER, BOB</b>	4.2 NAME	
STREET ADDRESS	<b>4820 32ND AVE SW</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARTINGTON, BARBARA</b>	5.2 NAME	
STREET ADDRESS	<b>4415 23RD PL SW</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIEDLER, EDNA</b>	6.2 NAME	
STREET ADDRESS	<b>4397 20TH PLACE SW</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	6.4 CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

2.1 TITLE  Change  Addition

2.2 NAME **WELBORN, SAM**

2.3 STREET ADDRESS **815 MURSEY LANE**

2.4 CITY-ST-ZIP **NAPLES, 34119**

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert Locker - R. BOB LOCKER 7/1/98**

CR2E037 (10/97)