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Feb 24, 1999 8:00 am
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02-24-1999 90125 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06382

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

Principal Place of Business GOLDEN GATE COMMUNITY CENTER GOLDEN GATE FL 34116 US	Mailing Address 4820 32ND AVE SW NAPLES FL 34116 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/29/1984	4. FEI Number 59-2425583	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

LOCKER, ROBERT
 4820 32ND AVE, SW
 GOLDEN GATE FL 33999 34116

81 Name	85	Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL	
83		
84 City		

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 _____ 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P
NAME FRENCH, SCOTT		1.2 NAME Till, Geneva
STREET ADDRESS 4181 30TH AVE., SW		1.3 STREET ADDRESS 2090 44th St SW
CITY-ST-ZIP GOLDEN GATE FL 34116		1.4 CITY-ST-ZIP Naples, FL 34116
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE V
NAME WELLBORN, SAM		2.2 NAME French, Scott
STREET ADDRESS 815 NURSERY LN		2.3 STREET ADDRESS 4181 30th Ave SW
CITY-ST-ZIP NAPLES FL 34119		2.4 CITY-ST-ZIP Naples, FL 34116
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Pat Parks
NAME TILL, GENEVA		3.2 NAME
STREET ADDRESS 2101 42ND ST., SW 2090 44th St SW		3.3 STREET ADDRESS
CITY-ST-ZIP GOLDEN GATE FL 34116		3.4 CITY-ST-ZIP
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE D
NAME LOCKER, BOB		4.2 NAME Pat Parks
STREET ADDRESS 4820 32ND AVE SW		4.3 STREET ADDRESS 3000 41st SW
CITY-ST-ZIP NAPLES FL 34116		4.4 CITY-ST-ZIP Naples, FL 34116
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE P
NAME PARTINGTON, BARBARA		5.2 NAME Steinrock, Betty
STREET ADDRESS 4415 23RD PL SW		5.3 STREET ADDRESS 2630 9th St B21
CITY-ST-ZIP NAPLES FL 34116		5.4 CITY-ST-ZIP Naples, FL 34103
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME FIEDLER, EDNA		6.2 NAME
STREET ADDRESS 4397 20TH PLACE SW		6.3 STREET ADDRESS
CITY-ST-ZIP NAPLES FL		6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Change Addition

1.2 NAME Till, Geneva

1.3 STREET ADDRESS 2090 44th St SW

1.4 CITY-ST-ZIP Naples, FL 34116

2.1 TITLE V Change Addition

2.2 NAME French, Scott

2.3 STREET ADDRESS 4181 30th Ave SW

2.4 CITY-ST-ZIP Naples, FL 34116

3.1 TITLE ~~Pat Parks~~ Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE D Change Addition

4.2 NAME Pat Parks

4.3 STREET ADDRESS 3000 41st SW

4.4 CITY-ST-ZIP Naples, FL 34116

5.1 TITLE P Change Addition

5.2 NAME Steinrock, Betty

5.3 STREET ADDRESS 2630 9th St B21

5.4 CITY-ST-ZIP Naples, FL 34103

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: _____ SIGNATURE REQUIRED *[Signature]* 1/18/99 941-455-5789
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)