


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 709529					
1. Corporation Name CAPE CORAL RETIRED CITIZENS, INC.					
Principal Place of Business 5819 DRIFTWOOD PKWY CAPE CORAL FL 33904			Mailing Address 5819 DRIFTWOOD PKWY CAPE CORAL FL 33904		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/31/1965	
22 City & State		27 City & State		4. FEI Number 23-7229224	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		30 Country	
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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> DELETE			
NAME	CARPENTIER, JOE				
STREET ADDRESS	619 SE 47TH STREET				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	CARPENTIER, LEONORA				
STREET ADDRESS	619 SE 47TH STREET				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	LLOYD, THELMA				
STREET ADDRESS	4907 SW 2ND PLACE				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	WARKENTIN, RUTH				
STREET ADDRESS	2516 SE 22ND AVENUE				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	RANDALL, MARGE				
STREET ADDRESS	2019 SE 10TH LANE				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	CROSSMAN, ALICE				
STREET ADDRESS	1014 SE 43RD TERRACE				
CITY-ST-ZIP	CAPE CORAL FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	LATWINSKI, EDWARD				
1.3 STREET ADDRESS	2801 SE 17th PLACE				
1.4 CITY-ST-ZIP	CAPE CORAL FL				
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	PATTERSON, JOAN				
2.3 STREET ADDRESS	5920 SW 1st CT				
2.4 CITY-ST-ZIP	CAPE CORAL FL				
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME	NEIPRIS, HARRIET				
6.3 STREET ADDRESS	4906 VICTORIA DR. #112				
6.4 CITY-ST-ZIP	CAPE CORAL FL				



CR2E037 (1/98)

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 *Thelma Lloyd* 2/15/99 - 941-542-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #