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 MAY -1 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001483573
-05/11/95--01016--001
***9038.75 *****61.25

DOCUMENT # **711386** **(3)**

1. Corporation Name

FORT MYERS CHAPTER #35 OF AMERICAN ASSOCIATION O F RETIRED PERSONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
776 JULY CIRCLE NORTH FORT MYERS FL 33903 US	776 JULY CIRCLE NORTH FORT MYERS FL 33903 US

3. Date Incorporated or Qualified: 08/24/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2504215 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 771 -June Parkway	26 771 -June Parkway
Suite, Apt. #, etc. 22 North Fort Myers	Suite, Apt. #, etc. 27 North Fort Myers
City & State 23 Florida	City & State 28 Florida
Zip / Country 24 33903 / 25 USA	Zip / Country 29 33903 / 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOWER, BETTY J 2551 WELCH STR FT MYERS FL 33901	81 Name: Thomas N. Thornquist 82 Street Address (P.O. Box Number is Not Acceptable): 1624 - Pine Valley Drive #206 83: Fort Myers, Florida 84 City: FL 85 Zip Code: 33907

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: Thomas N. Thornquist, President — Thomas N. Thornquist — DATE: 3/20/95
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	11 TITLE	P ☐ Change ☒ Addition
NAME	BOWER, BETTY J	12 NAME	Thomas N. Thornquist
STREET ADDRESS	2551 WELCH STR	13 STREET ADDRESS	1624 - Pine Valley Drive #206
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	Fort Myers, Florida 33907
TITLE	VD	21 TITLE	V ☒ Change ☐ Addition
NAME	CECERE, R ALICE	22 NAME	Betty J.Bower
STREET ADDRESS	1901 CLIFFORD STR #203	23 STREET ADDRESS	2551 - Welch Street
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	Fort Myers, Florida 33901
TITLE	SD	31 TITLE	S D ☒ Change ☐ Addition
NAME	CLAYTON, MYRTLE L	32 NAME	Alice R. Cecere
STREET ADDRESS	9610-7 GREEN CYPRESS LN	33 STREET ADDRESS	1901 Clifford Street
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	Fort Myers, Florida 33901
TITLE	TD	41 TITLE	T D ☒ Change ☐ Addition
NAME	TIBB, BONNIE B.	42 NAME	Mildred Campanelli
STREET ADDRESS	776 JULY CIRCLE	43 STREET ADDRESS	771 - June Parkway
CITY-ST-ZIP	NORTH FORT MYERS FL	44 CITY-ST-ZIP	North Fort Myers,Fl..33903
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	CAMPANELLI, MILDRED A	52 NAME	Bernice Walker
STREET ADDRESS	771 JUNE PKWY	53 STREET ADDRESS	1504 - Cocoanut Drive
CITY-ST-ZIP	NO FT MYERS FL	54 CITY-ST-ZIP	Fort Myers, Florida 33901
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	HESS, LOIS L	62 NAME	Lois L. Hess
STREET ADDRESS	4649 EUGENE STR	63 STREET ADDRESS	4649 - Eugene Street
CITY-ST-ZIP	FT MYERS FL	64 CITY-ST-ZIP	Fort Myers, Florida 33905

DRS 5/10

$1 Deposited By Bank

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)(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: Mildred A. Campanelli, Treasurer — Date: Mar. 20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mildred A. Campanelli

Daytime Phone Number: 813-995-1829

0000136