

4-13-98 - 13-4460 - C
FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 711386 (3) 1. Corporation Name FORT MYERS CHAPTER #35 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.					
Principal Place of Business 771 JUNE PARKWAY NORTH FORT MYERS FL 33903 US			Mailing Address 771 JUNE PARKWAY NORTH FORT MYERS FL 33903 US		
2. Principal Place of Business 21 3704 BROADWAY Suite, Apt. #, etc. 22 APT. 310 City & State 23 FT. MYERS, FL Zip 24 33901		2a. Mailing Address 26 3704 BROADWAY Suite, Apt. #, etc. 27 APT. 310 City & State 28 FT. MYERS, FL Zip 29 33901		Country 25 U.S. 30 U.S.	
9. Name and Address of Current Registered Agent SPARKS, MARY 2243 ROYAL PALM AVE FORT MYERS FL 33901					
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	P	☐ DELETE			
NAME	SPARKS, MARY				
STREET ADDRESS	2243 ROYAL PALM AVE				
CITY-ST-ZIP	FORT MYERS FL				
TITLE	V	☐ DELETE			
NAME	BOWER, BETTY J				
STREET ADDRESS	2551 WELCH STREET				
CITY-ST-ZIP	FORT MYERS FL 33901				
TITLE	SD	☐ DELETE			
NAME	YSAGLEY, MARGARET				
STREET ADDRESS	1510 MEMOLI LANE				
CITY-ST-ZIP	FT MYERS FL				
TITLE	TD	☒ DELETE			
NAME	CAMPANELLI, MILDRED				
STREET ADDRESS	771 JUNE PARKWAY				
CITY-ST-ZIP	NORTH FORT MYERS FL 33903				
TITLE	D	☒ DELETE			
NAME	SPARKS, MARY				
STREET ADDRESS	2243 ROYAL PALM AVENUE				
CITY-ST-ZIP	FORT MYERS FL				
TITLE	D	☐ DELETE			
NAME	HESS, LOIS L				
STREET ADDRESS	4649 EUGENE STREET				
CITY-ST-ZIP	FORT MYERS FL 33905				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	☐ Change ☐ Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	☐ Change ☐ Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	☒ Change ☐ Addition				
3.2 NAME	SD YEAGLEY MARGARET				
3.3 STREET ADDRESS	1510 MEMOLI LANE, #C2				
3.4 CITY-ST-ZIP	FT. MYERS, FL 33907				
4.1 TITLE	☐ Change ☒ Addition				
4.2 NAME	TD KNOUSE, MARIE G.				
4.3 STREET ADDRESS	3704 BROADWAY, #310				
4.4 CITY-ST-ZIP	FT. MYERS, FL 33901				
5.1 TITLE	☐ Change ☒ Addition				
5.2 NAME	D THORNQUIST, THOMAS				
5.3 STREET ADDRESS	1624 PINE VALLEY DRIVE, #206				
5.4 CITY-ST-ZIP	FT. MYERS, FL 33907				
6.1 TITLE	☒ Change ☐ Addition				
6.2 NAME	D HESS, LOIS L.				
6.3 STREET ADDRESS	4649 EUGENE STREET				
6.4 CITY-ST-ZIP	FORT MYERS, FL 33905				



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.

SIGNATURE: Marie G. Knouse
April 6, 1998 941-375-9746

CR2E037 (10/97)