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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711386

1. Corporation Name

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

Principal Place of Business	Mailing Address
3704 BROADWAY APT 310 FT MYERS FL 33901 US	3704 BROADWAY APT 310 FT MYERS FL 33901 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/24/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2504215 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 **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
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPARKS, MARY		1.2 NAME		
STREET ADDRESS	2243 ROYAL PALM AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	BOWER, BETTY J		2.2 NAME	YEAGLEY, MARGARET	
STREET ADDRESS	2551 WELCH STREET		2.3 STREET ADDRESS	1510 MEMOLI LANE, #C2	
CITY-ST-ZIP	FORT MYERS FL 33901		2.4 CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	YEAGLEY, MARGARET		3.2 NAME	BOWER, BETTY J	
STREET ADDRESS	1510 MEMOLI LANE #C2		3.3 STREET ADDRESS	2551 WELCH STREET	
CITY-ST-ZIP	FT MYERS FL 33907		3.4 CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KNOUSE, MARIE G		4.2 NAME		
STREET ADDRESS	3704 BROADWAY #310		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THORNQUIST, THOMAS		5.2 NAME		
STREET ADDRESS	1624 PINE VALLEY DRIVE #206		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33907		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HESS, LOIS L		6.2 NAME	CAMPANELLI, MILDRED A	
STREET ADDRESS	4649 EUGENE STREET		6.3 STREET ADDRESS	771 June Parkway	
CITY-ST-ZIP	FORT MYERS FL 33905		6.4 CITY-ST-ZIP	N FORT MYERS, FL 33903	

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: Marie Knouse SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 19 1999
Date

941-275-9746
Daytime Phone #

CR2E037 (11/98)