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Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721359** (8)

CAPE CORAL CHAPTER #188 OF AMERICAN ASSOCIATION
OF RETIRED PERSONS, INC.



Principal Place of Business Mailing Address
C/O FIRST CHRISTIAN CHURCH P.O. BOX 484
COUNTRY CLUB BLVD CAPE CORAL FL 33910
CAPE CORAL FL 33904

3. Date incorporated or Qualified
07/16/1971
4. FEI Number **59-2277225** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Lake Kennedy Senior Center 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 400 Santa Barbara Blvd 27
City & State City & State
23 CAPE CORAL, FL
Zip Country Zip Country
24 33991 25 Lee 29 30

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
VINEYARD, MARIE
2809 S.E. 10TH AVE.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
81 Name **KOCIUBA, GEORGE**
82 Street Address (P.O. Box Number is Not Acceptable)
1131 N.E. PINE ISLAND LN
83
84 City **CAPE CORAL** FL 85 Zip Code **33909**

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 **George Kociuba** PRESIDENT JULY 15 1998
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	PD	<input type="checkbox"/> DELETE
NAME	VINEYARD, MARIE	
STREET ADDRESS	2809 S.E. 10 AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOCIUBA, GEORGE	
STREET ADDRESS	1131 N.E. PINE ISLAND LN.	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	O'CONNER, CAROL	
STREET ADDRESS	5302 S.W. 26 AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRONK, MARY	
STREET ADDRESS	1008 S.E. 26 TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	LT	<input type="checkbox"/> DELETE
NAME	ORR, JOANN	
STREET ADDRESS	3922 S.E. 12 AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	ALPT	<input type="checkbox"/> DELETE
NAME	HANSEN, ARNE	
STREET ADDRESS	1908 N.E. 3RD AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33909	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOCIUBA, GEORGE	
1.3 STREET ADDRESS	1131 N.E. PINE ISLAND LN.	
1.4 CITY-ST-ZIP	CAPE CORAL FL 33909	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PALL MERRIAN	
2.3 STREET ADDRESS	5202 YORK COURT	
2.4 CITY-ST-ZIP	CAPE CORAL FL 33904	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARY JO JODARSKI	
4.3 STREET ADDRESS	4220 58 FIRST CT	
4.4 CITY-ST-ZIP	CAPE CORAL, FL 33904-8411	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE **MARY JO JODARSKI** JULY 16 1998

CR2E037 (10/97)