

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90013 015 ****61.25

DOCUMENT # 721359

1. Corporation Name

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

Principal Place of Business

Mailing Address

LAKE KENNEDY SENIOR CENTER
400 SANTA BARBARA BLVD
CAPE CORAL FL 33991
US

P.O. BOX 484
CAPE CORAL FL 33910

609179 - 90013 - 15



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/16/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2277225

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOCIUBA, GEORGE
1131 N E PINE ISLAND LANE
CAPE CORAL FL 33909

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KUCIBA, GEORGE
STREET ADDRESS 1131 N E PINE ISLAND LANE
CITY-ST-ZIP CAPE CORAL FL 33909

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME MERRIGAN, PAUL
STREET ADDRESS 5202 YORK COURT
CITY-ST-ZIP CAPE CORAL FL 33904

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME O'CONNER, CAROL
STREET ADDRESS 5302 S.W. 26 AVE.
CITY-ST-ZIP CAPE CORAL FL 33914

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE TD
NAME JODARSKI, MARY JO
STREET ADDRESS 4220 S E FIRST COURT
CITY-ST-ZIP CAPE CORAL FL 33904-8411

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE LT
NAME ORR, JOANN
STREET ADDRESS 3922 S.E. 12 AVE.
CITY-ST-ZIP CAPE CORAL FL 33904

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE ALPT
NAME HANSEN, ARNE
STREET ADDRESS 1908 N.E. 3RD AVE.
CITY-ST-ZIP CAPE CORAL FL 33909

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-18-99 458-2539

CR2E037 (5/99)