2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2001 8:00 am Secretary of State DOCUMENT # 721359 1. Entity Name CAPE CORAL CHAPTER #188 OF AMERICAN ASSOCIATION 02-26-2001 90518 046 ****61.25 Mailing Address Principal Place of Business LAKE KENNEDY SENIOR CENTER P.O. BOX 484 CAPE CORAL FL 33910 400 SANTA BARBARA BLVD CAPE CORAL FL 33991 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2277225 Not Applicable Country \$8.75 Additional Zip Country Zip Fee Required 5 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MERRIGAN, PAUL 5202 YORK COURT CAPE CORAL FL 33904 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. X Addition ☐ Change Delete TITLE TITLE Birector MERRIGAN, PAUL NAME NAME Carol O'Conner STREET ADDRESS STREET ADDRESS 5202 YORK COURT Cape Coral 26th Avenue 33914-6626 CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33904 Vice President ☐ Addition Change ■ Delete TITLE TITLE harles Gazzara 546 SE 6Th Court NAME HANSEN, ARNE NAME STREET ADDRESS STREET ADDRESS -1908 N.E.=3RD AVENUE Cape Coral F1 33904-5534 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Addition Change Change Delete TITLE TITLE Secretary NAME DELORENZO, THELMA Joann Orr 3922 SE 12th Ave NAME STREET ADDRESS STREET ADDRESS 240 S.E. 6TH STREET Cape Coral Fl 33904-7946 CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL 33990 Addition Director The SE behosenzo Change ☐ Delete TITLE TITLE NAME NAME JODARSKI, MARY JO STREET ADDRESS Cape Coral F1 33990-1541 STREET ADDRESS 4220 S E FIRST COURT CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904-8411 ☐ Change ☐ Addition ☐ Delete TITLE TITLE KOCUIBA, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 1531 N.E. PINE ISLAND LANE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Addition TITI F ☐ Delete O'CONNOR, JIM NAME NAME STREET ADDRESS STREET ADDRESS 5382 S.W. 26TH AVENUE

CAPE CORAL FL 33914 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

SIGNATURE:

MATCHILLE OF AMEMORISAN