

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90040 037 ****61.25

DOCUMENT # 721359

1. Entity Name
CAPE CORAL CHAPTER #188 OF AARP, INC.



Principal Place of Business
LAKE KENNEDY SENIOR CENTER
400 SANTA BARBARA BLVD
CAPE CORAL, FL 33991 US

Mailing Address
P.O. BOX 484
CAPE CORAL, FL 33910

DO NOT WRITE IN THIS SPACE



05272005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2277225

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VINEYARD, MARIE
2809 SE 10TH AVE
CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marie Vineyard

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

(NOTE: Registered Agent signature required when reinstating)

2/8/05

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VINEYARD, MARIE
2809 SE 10TH AVE
CAPE CORAL, FL 339042947

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HEENEKE, RICHARD
904 ISLAMORADA BLVD
PUNTA GORDA, FL 339551865

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EVANS, LLOYD
268 SW 2ND TERRACE
CAPE CORAL, FL 33909

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
XS
DE, LORENZO
240 SE 6TH ST
CAPE CORAL, FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

C. Richard Heeneke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/2005

Date

944-575-7045

Daytime Phone #