2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721359

FILED Apr 27, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

P.O. BOX 484 P.O. BOX 150246

CAPE CORAL, FL 33910 CAPE CORAL, FL 33915

FEI Number: 59-2277225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VINEYARD, MARIE

2809 SE 10TH AVE

CAPE CORAL, FL 33904 US

HEBNER, ROBERT

404 SE 28TH TERRACE

CAPE CORAL, FL 33904 US

CAPE CORAL, FL 33904 US

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: ROBERT HEBNER 04/27/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 VINEYARD, MARIE
 Name:
 HEBNER, ROBERT

 Address:
 2809 SE 10TH AVE
 Address:
 404 SE 28TH TERRACE

 City-St-Zip:
 CAPE CORAL, FL 339042947
 City-St-Zip:
 CAPE CORAL, FL 33904

Title: T () Delete Title: () Change () Addition

 Name:
 TATE, ANITA
 Name:

 Address:
 1503 NE 2ND TERRACE
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33909
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 DENTZAU, BETTY
 Name:

 Address:
 1415 SW 40TH TERR
 Address:

 City-St-Zip:
 CAPE CORAL, FL 339145616
 City-St-Zip:

 $\label{eq:total_problem} \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{(X) Change () Addition}$

 Name:
 HAMILTON, CURTIS
 Name:
 HEBNER, ANN

 Address:
 248 SW 32ND TERRACE
 Address:
 404 SE 28TH TERRACE

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:
 CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA D. TATE T 04/27/2008