

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721359

FILED  
Apr 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 150687  
CAPE CORAL, FL 33915

**New Mailing Address:**

FEI Number: 59-2277225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HEBNER, ROBERT  
404 SE 28TH TERRACE  
CAPE CORAL, FL 33904 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HEBNER, ROBERT  
Address: 404 SE 28TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: T ( ) Delete  
Name: TATE, ANITA  
Address: 1503 NE 2ND TERRACE  
City-St-Zip: CAPE CORAL, FL 33909

Title: S ( ) Delete  
Name: DENTZAU, BETTY  
Address: 1415 SW 40TH TERR  
City-St-Zip: CAPE CORAL, FL 339145616

Title: VP ( ) Delete  
Name: HEBNER, ANN  
Address: 404 SE 28TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 TATE, TREASURER

T

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date