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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02441 (6)

1. Corporation Name

SANIBEL-CAPTIVA CHAPTER #3678 OF AMERICAN ASSOCI ATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
943 CABBAGE CT. P. O. BOX 1188 SANIBEL FL 33957	943 CABBAGE CT. P. O. BOX 1188 SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 33-0028171 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHELTON, HENRY J.
943 CABBAGE PALM COURT
SANIBEL FL 33957

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33 300001433649 -05/11/95--01016--001 ***9038.7 FL ****130.00
34 City / 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	V ☒ Change ☐ Addition
NAME	INGERSOLL, JAN	12 NAME	DAMMAN, RUTH
STREET ADDRESS	9210 DIMMICK DR.	13 STREET ADDRESS	656 ANCHOR DR
CITY-ST-ZIP	SANIBEL FL 33957	14 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	T	21 TITLE	T ☒ Change ☐ Addition
NAME	KNIGHT, STANLEY C	22 NAME	~~CLARENCE~~ NELSON, CLARENCE
STREET ADDRESS	1060 BLUE HERON DR.	23 STREET ADDRESS	1380 ALBATROSS RD
CITY-ST-ZIP	SANIBEL FL 33957	24 CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	SD	31 TITLE	S ☒ Change ☐ Addition
NAME	KRUGER, MARGARET	32 NAME	SHELTON, DOROTHY
STREET ADDRESS	430 GULF DRIVE	33 STREET ADDRESS	943 CABBAGE PALM CT.
CITY-ST-ZIP	SANIBEL FL	34 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	D	41 TITLE	D ☐ Change ☒ Addition
NAME	SHELTON, HENRY J.	42 NAME	WALTERS, MARGARET
STREET ADDRESS	943 CABBAGE PALM CT.	43 STREET ADDRESS	1114 SABEL ST
CITY-ST-ZIP	SANIBEL FL	44 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	HOUCKE, SANDY	52 NAME	MILLER, LILY
STREET ADDRESS	941 LINGREN BLVD.	53 STREET ADDRESS	1706 SAND PEBBLE WAY
CITY-ST-ZIP	SANIBEL FL 33957	54 CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	PD	61 TITLE	PD ☒ Change ☐ Addition
NAME	SIPPERELL, BOB	62 NAME	PALMER, URBAN
STREET ADDRESS	3321 LAKE MURET RD.	63 STREET ADDRESS	1027 KINGS CROWN DR
CITY-ST-ZIP	SANIBEL FL	64 CITY-ST-ZIP	SANIBEL, FL 33957

DR 5/10

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Clarence Nelson 3/9/95 813 472-9254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CLARENCE NELSON TREASURER

COR 1300