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FILED  
May 22 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

943 CABBAGE CT.  
P. O. BOX 1188  
SANIBEL FL 33957

Mailing Address

943 CABBAGE CT.  
P. O. BOX 1188  
SANIBEL FL 33957-1188

3. Date Incorporated or Qualified  
04/09/1984

3a. Date of Last Report  
02/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DAMMAN, RUTH  
STREET ADDRESS 656 ANCHOR DR  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ DELETE

NAME NELSON, CLARENCE  
STREET ADDRESS 1380 ALBATROSS RD  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ DELETE

NAME SHELTON, DOROTHY  
STREET ADDRESS 943 CABBAGE PALM CT  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☒ DELETE

NAME WALTERS, MARGARET  
STREET ADDRESS 1114 SABEL ST  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ DELETE

NAME BROWN, ROBERT  
STREET ADDRESS 1119 PERIWINKLE WAY  
CITY-ST-ZIP SANIBEL FL

TITLE ☐ DELETE

NAME PALMER, URBAN  
STREET ADDRESS 1027 KINGS CROWN DR  
CITY-ST-ZIP SANIBEL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

WILLIAM KELLEY  
1250 TENNIS PL CT  
A 21 - SANIBEL FLA  
33957

5-22-97

See dep 6/1.25

14. I do 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 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

Henry J. Shelton 11-15-97

CR2E037 (9/96)