


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90017 022 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N02441</b>					
1. Corporation Name <b>SANIBEL-CAPTIVA CHAPTER #3678 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.</b>					
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		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/09/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		33-0028171	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHELTON, HENRY J. 943 CABBAGE PALM COURT SANIBEL FL 33957				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 <i>Henry J. Shelton</i> HENRY J. SHELTON 1-30-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMMAN, RUTH	1.2 NAME	
STREET ADDRESS	656 ANCHOR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, EVELYN	2.2 NAME	
STREET ADDRESS	760 SEXTANT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KYLLO, ALICE	3.2 NAME	
STREET ADDRESS	1730 WINDWARD WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, WILLIAM	4.2 NAME	
STREET ADDRESS	1250 TENNIS PLACE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIPOS, MARY ANN	5.2 NAME	
STREET ADDRESS	661 CARDIUM ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33951	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNYAR, MARJORIE	6.2 NAME	
STREET ADDRESS	760 SEXTANT DR #732	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Henry J. Shelton*

*Jan 29, 1999* 941-422-2517  
 Date Daytime Phone #

CR2E037 (1/98)