

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90001 044 \*\*\*\*61.25

**DOCUMENT # N03000003679**

1. Entity Name

CITY OF CAPE CORAL RETIREES ASSOCIATION INC.



Principal Place of Business

3819 SE 12TH AVENUE  
CAPE CORAL FL 33904

Mailing Address

3819 SE 12TH AVENUE  
CAPE CORAL FL 33904

66406126



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, GAIL  
3819 SE 12TH AVENUE  
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	WOOD, JEAN	<input type="checkbox"/> Delete
NAME		P.O. BOX 100531	
STREET ADDRESS		CAPE CORAL FL 33910	
CITY-ST-ZIP			
TITLE	V	GEMMILL, MAE	<input type="checkbox"/> Delete
NAME		5101 DEL PRADO BLVD.	
STREET ADDRESS		CAPE CORAL FL 33910	
CITY-ST-ZIP			
TITLE	V	CLARKSON, CAROL	<input type="checkbox"/> Delete
NAME		150 SE 12TH STREET	
STREET ADDRESS		CAPE CORAL FL 33904	
CITY-ST-ZIP			
TITLE	J	JARVIS, BEVERLY	<input type="checkbox"/> Delete
NAME		328 SE 34TH STREET	
STREET ADDRESS		CAPE CORAL FL 33904	
CITY-ST-ZIP			
TITLE	S	WILSON, GAIL	<input type="checkbox"/> Delete
NAME		3819 SE 12TH AVENUE	
STREET ADDRESS		CAPE CORAL FL 33904	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Beverly Jarvis* BEVERLY JARVIS

2-11-04

239-5420883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #