

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90125 038 ****61.25

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DOCUMENT # N06382

1. Corporation Name

GOLDEN GATE AREA CHAPTER #3753 OF AMERICAN ASSOC
IATION OF RETIRED PERSONS, INC.

Principal Place of Business

GOLDEN GATE COMMUNITY CENTER
GOLDEN GATE FL 34116
US

Mailing Address

4820 32ND AVE SW
NAPLES FL 34116
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

11/29/1984

4. FEI Number

59-2425583

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LOCKER, ROBERT
4820 32ND AVE, SW
GOLDEN GATE FL 33999 34116

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	P	<input checked="" type="checkbox"/> DELETE
NAME	FRENCH, SCOTT	
STREET ADDRESS	4181 30TH AVE., SW	
CITY-ST-ZIP	GOLDEN GATE FL 34116	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLBORN, SAM	
STREET ADDRESS	815 NURSERY LN	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TILL, GENEVA	
STREET ADDRESS	2101 42ND ST., SW 2090 44th St SW	
CITY-ST-ZIP	GOLDEN GATE FL 34116	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOCKER, BOB	
STREET ADDRESS	4820 32ND AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PARTINGTON, BARBARA	
STREET ADDRESS	4415 23RD PL SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FIEDLER, EDNA	
STREET ADDRESS	4397 20TH PLACE SW	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Till, Geneva	
1.3 STREET ADDRESS	2090 44th St SW	
1.4 CITY-ST-ZIP	Naples, FL 34116	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	French, Scott	
2.3 STREET ADDRESS	4181 30th Ave SW	
2.4 CITY-ST-ZIP	Naples, FL 34116	
3.1 TITLE	Pat Parks	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pat Parks	
4.3 STREET ADDRESS	3090 41st St SW	
4.4 CITY-ST-ZIP	Naples, FL 34116	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Steinrock, Betty	
5.3 STREET ADDRESS	2630 9th St B21	
5.4 CITY-ST-ZIP	Naples, FL 34103	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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

Date

Daytime Phone #

CR2E037 (11/98)