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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 761880 (4)
1. Corporation Name
SOUTH TAMPA - PALMA CEIA CHAPTER #3401 OF AMERIC
AN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business: 3501 SAN JOSE AVE, TAMPA FL 33611 US
Mailing Address: THEDA GEE, 3211 SWANN AVE. #709, TAMPA FL 33611-4871 US

3. Date Incorporated or Qualified: 02/09/1982
4. FEI Number: 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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Tampa, FL. 24 Zip: 33629 25 Country: 26 Mailing Address: 26 Virginia Nowlin 27 Suite, Apt. #, etc. 27 3506 San Jose Ave. 28 City & State: 28 Tampa, FL. 29 Zip: 33629 30 Country: Hillsborough

9. Name and Address of Current Registered Agent
GEE, THEDA F
3211 SWANN AVE, #709
TAMPA FL 33609

10. Name and Address of New Registered Agent
81 Name: Virginia Nowlin
82 Street Address (P.O./Box Number is NOT Acceptable): 3506 San Jose Ave.
83
84 City: Tampa FL 85 Zip Code: 33629

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: Virginia Nowlin President

12. OFFICERS AND DIRECTORS

TITLE: V	NAME: MCCORD, JULIA A	STREET ADDRESS: 4209 W. SEVILLA	CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE
TITLE: D	NAME: PEREIRA, R. BRUCE	STREET ADDRESS: 4208 LYNWOOD AVE.	CITY-ST-ZIP: TAMPA, FL 00000	<input checked="" type="checkbox"/> DELETE
TITLE: P	NAME: GEE, THEDA	STREET ADDRESS: 3211 SWAN AVENUE #709	CITY-ST-ZIP: TAMPA, FL 00000	<input type="checkbox"/> DELETE
TITLE: D	NAME: HAENN, JOE	STREET ADDRESS: 3501 CORONA AVE	CITY-ST-ZIP: TAMPA, FL 00000	<input type="checkbox"/> DELETE
TITLE: S	NAME: DARLING, DOTTIE	STREET ADDRESS: 2527 TENNESSEE AVE	CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE
TITLE: Y	NAME: SUTER, CHARLES	STREET ADDRESS: 4209 NEPTUNE ST	CITY-ST-ZIP: TAMPA FL 33629	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D	1.2 NAME: Jean Shaver	1.3 STREET ADDRESS: 4218 Corona	1.4 CITY-ST-ZIP: Tampa, FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: P	2.2 NAME: Nowlin, Virginia	2.3 STREET ADDRESS: 3506 San Jose Ave	2.4 CITY-ST-ZIP: Tampa, FL. 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: V	3.2 NAME: GEE, THEDA	3.3 STREET ADDRESS: 3211 SWAN AVENUE #709	3.4 CITY-ST-ZIP: TAMPA, FL 00000	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: D	4.2 NAME: Florian Jurdak	4.3 STREET ADDRESS: 4015 Wyoming	4.4 CITY-ST-ZIP: Tampa, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: D	5.2 NAME: Marie Jurdak	5.3 STREET ADDRESS: 4015 Wyoming ST.	5.4 CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: T	6.2 NAME: Lewis, Frank	6.3 STREET ADDRESS: 3305 San Jose Ave.	6.4 CITY-ST-ZIP: Tampa, FL. 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 116.07(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: Virginia Nowlin 837-6991

CFR2037 (1097)