

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N34522** (5)

1. Corporation Name
SOUTH CLEARWATER CITIZENS FOR PROGRESSIVE ACTION ASSOCIATION, INC.



Principal Place of Business
**1528 1/2
4504 TILLEY AVE.
CLEARWATER FL 34616**

Mailing Address
**1528 (LW)
4504 TILLEY AVE.
CLEARWATER FL 34616**

3. Date Incorporated or Qualified **10/03/1989** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business
21 **1426 S. Greenwood** 2a. Mailing Address
26 **1120 Kingsley**

4. FEI Number **59-2994917** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State **Clearwater FL** 28 City & State **Clearwater FL**

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip **34616** 25 Country **Pinellas** 29 Zip **34616** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILLHART, NED B.
1504 TILLEY AVE.
CLEARWATER FL 34616**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TIEMAM, L. "DUKE"	
STREET ADDRESS	802 WOODLAWN ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JENKINS, JOHN	
STREET ADDRESS	1146 ALMA	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FILLHART, NED B.	
STREET ADDRESS	1504 TILLEY AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOODS, LUCILLE	
STREET ADDRESS	1528 TILLEY AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, GEORGE	
STREET ADDRESS	S. MADISON AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARPENTER EMMET W.	
STREET ADDRESS	1565 SCRANTON AVENUE	
CITY-ST-ZIP	CLEARWATER FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD Flynn, Gayle
3.3 STREET ADDRESS	518 Mc Lennan St.
3.4 CITY-ST-ZIP	Clearwater FL 34616
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Dudley, Lucille
5.3 STREET ADDRESS	1584 Tilley Ave.
5.4 CITY-ST-ZIP	Clearwater, FL 34616
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *L. Duke Tiemam*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 446-3853
Date Daytime Phone #

CR2E037 (12/95)