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**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 749221**

1. Corporation Name

**GREATER FLORIDA CHAPTER, LUPUS FOUNDATION OF AMERICA INC.**

Principal Place of Business

Mailing Address

300 S DUNCAN  
STE 235B  
CLEARWATER FL 33755  
US

~~PO BOX 7485~~  
~~SEMINOLE FL 33775 7485~~  
US



2. Principal Place of Business

2a. Mailing Address

21 300 S. Duncan, Ste 235B  
Clearwater, FL 33755  
Suite, Apt. #, etc.

26 300 S. Duncan, Ste 235B  
Clearwater, FL 33755  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/08/1979

4. FEI Number

59-1950191

Applied For

Not Applicable

22 Suite 235B  
City & State

27 Suite 235B  
City & State

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

23 Clearwater, FL 33755

28 Clearwater, FL 33755

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24 33755 25 US

29 33755 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREAR, SANDRA  
10829 90TH AVE. NO.  
SEMINOLE FL 33772

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 D ☒ DELETE  
NAME KRADAS, JANET  
STREET ADDRESS 3200 CUSTER DR.  
CITY-ST-ZIP HOLIDAY FL

1.1 TITLE VP ☒ Change ☐ Addition  
1.2 NAME Selph, Teresa  
1.3 STREET ADDRESS 4103 Hauri Rd.  
1.4 CITY-ST-ZIP Sarasota, FL 34235

TITLE V ☒ DELETE  
NAME BAKER, PEGGY  
STREET ADDRESS 2102 74TH ST. NO.  
CITY-ST-ZIP ST. PETERSBURG FL 33710

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME Barbara J. Estrada  
2.3 STREET ADDRESS 217 Hartridge Hills Ct.  
2.4 CITY-ST-ZIP Winter Haven, FL 33881

TITLE TD ☐ DELETE  
NAME MCIVER, SHIRLEY  
STREET ADDRESS 1542 LINWOOD DR.  
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE SECRETARY ☐ Change ☒ Addition  
3.2 NAME Patti Stewart  
3.3 STREET ADDRESS 2531 5th Street, N.  
3.4 CITY-ST-ZIP St. Petersburg, FL 33704

TITLE PD ☐ DELETE  
NAME FREAR, SANDRA M.  
STREET ADDRESS 10829 90TH AVE. NO.  
CITY-ST-ZIP SEMINOLE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME JARUBIELSKI, LINDA  
STREET ADDRESS 1626 MARTAN ST  
CITY-ST-ZIP LARGO FL 33744

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME FRASER, SUSAN  
STREET ADDRESS 1099 5TH AVE. NO.  
CITY-ST-ZIP ST. PETERSBURG FL

6.1 TITLE ☐ Change ☐ 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:

*Sandra Frear*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/99 727/447-7075

CR2E037 (1/98)