

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:38

DOCUMENT # 705413 (3)

1. Corporation Name

CLEARWATER CHAPTER-AMERICAN ASSOCIATION OF RETIR
ED PERSONS, INC.

Principal Place of Business

Mailing Address

1535 NURSERY RD.
1535 NURSERY RD BOX 210
CLEARWATER FL 34616

1535 NURSERY RD.
1535 NURSERY RD BOX 210
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1963

3a. Date of Last Report

02/17/1994

4. FEI Number

59-6194133

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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

TUBBS, FRANCES
1535 NURSERY RD.
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Frances A. Tubbs

1-25-1995

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

NAME

PRESTON PACKARD

STREET ADDRESS

2007 CASTILLE DR.

CITY-ST-ZIP

PALM HARBOR FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P.D.
Betty Hunt
1758 Algonquin Dr.
Clearwater, Fla 34615

☒ Change ☐ Addition

TITLE

VD

NAME

HERB DAY

STREET ADDRESS

1535 NURSERY RD. #201

CITY-ST-ZIP

CLEARWATER FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

CESARE, ROSE

STREET ADDRESS

EAST LAKE DRIVE

CITY-ST-ZIP

LARGO, FL 34641

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

S

NAME

PHILLIS PACKARD

STREET ADDRESS

2007 CASTILLE DRIVE

CITY-ST-ZIP

PALM HARBOR FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

S Esther Skotko
E. Skotko
3405 Imperial Pkwy Dr
LARGO, Fla 34641

☒ Change ☐ Addition

TITLE

TD

NAME

TUBBS, FRANCES

STREET ADDRESS

1535 NURSERY ROAD, #210

CITY-ST-ZIP

CLEARWATER FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

D

NAME

LIBERTY, EDWARD

STREET ADDRESS

2084 LITTLE NECK RD.

CITY-ST-ZIP

CLEARWATER FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Frances A. Tubbs

1-25-1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

813-461-7193

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