

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 # **705413** (3)

1. Corporation Name

CLEARWATER CHAPTER-AMERICAN ASSOCIATION OF RETIRED 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



3. Date Incorporated or Qualified
04/02/1963

3a. Date of Last Report
01/30/1995

2. Principal Place of Business
21 Good Samaritan Church
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Clearwater Fla

24 Zip Country

27 City & State

28 Zip Country

25 Country

29 Zip Country

26 Country

30 Zip Country

4. FEI Number
59-6194133

Applied For
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

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 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

Frances A. Tubbs

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

February 20, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **HUNT, BETTY**
STREET ADDRESS **1758 ALGONQUIN DR.**
CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **HERB DAY**
STREET ADDRESS **1535 NURSERY RD. #201**
CITY-ST-ZIP **CLEARWATER FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **CESARE, ROSE**
STREET ADDRESS **EAST LAKE DRIVE**
CITY-ST-ZIP **LARGO, FL 34641**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **SKOTKO, ESTHER**
STREET ADDRESS **340 IMPERIAL PALMS DR**
CITY-ST-ZIP **LARGO FL**

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

TITLE **TD** ☐ DELETE
NAME **TUBBS, FRANCES**
STREET ADDRESS **1535 NURSERY ROAD, #210**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **D** ☐ DELETE
NAME **LIBERTY, EDWARD**
STREET ADDRESS **2064 LITTLE NECK RD.**
CITY-ST-ZIP **CLEARWATER FL**

6.1 TITLE ☐ Change ☐ 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: *Frances A. Tubbs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20, 1996

CR2E037 (12/95)