FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

705413

(3)

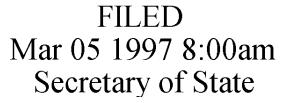
CLEARWATER CHAPTER-AMERICAN ASSOCIATION OF RETIR ED PERSONS, INC.

GOOD SAMARITAN CHURCH

Principal Place of Business

Mailing Address

1535 NURSERY RD.





CLEARWATER FL US	. 34616	1535 NURSERY RD BOX 210 CLEARWATER FL 34616-2390			
us				3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1963 02/26/1996	
2. Principal Plac		2a. Mailing Address	··· ·· · · · · · · · · · · · · · · · ·	4. FEI Number Applied For	
21 Sunset		26		59-6194133 Not Applica	
Suite, Apt. #, 22 3 3 2 9	8 Sunset Point Rd.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
23 C/Ea	rwater, Fla. 1625	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
- 'P	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032	
24 34625) 25 9. Name and Address of Current R	29 30	1	Florida Statutes Yes No	
	S. Name and Address of Content I	odistaien wästit	81 Nam	10. Name and Address of New Registered Agent me	
TUBBS, FI	RANCES + 215				
	RANCES #210 ISERY RO.		82 Stree	eet Address (P.O. Box Number is Not Acceptable)	
	ITER FL 34616		83		
			84 City	y 85 Zip Code	
				FL T T T T T T T T T	
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 D		13.	lature required when reinslating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE P.		
NAME (HUNT, BETTY		1.2 NAME	2007 Castille Drive	
STREET ADDRESS	1758 ALGONQUIN DR		1.3 STREET ADDRESS	2007 Cugrifie Drive	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Palm Harbor, Fla 39683-6919	
TITLE	VD	DELETE	PALTITLE	Betty Hunt Kichange Addition	
NAME	HERB DAY		2.2 NAME		
STREET ADDRESS	1535 NURSERY RD. #201		2.3 STREET ADDRESS	Vice president	
CITY-ST-ZIP	CLEARWATER FL	DELETE	2. 4 CITY-ST-ZIP		
TITLE	VD	DELETE	3.1 TITLE	ASST. TREASurer Change Addi	
NAMÉ	CESARE, ROSE		3.2 NAME		
STREET ADDRESS	EAST LAKE DRIVE LARGO, FL 34641		3.3 STREET ADDRESS	S 2007 Caprille ""	
CITY-ST-ZIP TITLE	S	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Palm Harbor, Fla 346 83-691	
NAME	SKOTKO, ESTHER		4. 2 NAME		
STREET ADDRESS	340 IMPERIAL PALMS DR		4.3 STREET ADDRESS	200	
CITY-ST-ZIP	LARGO FL		4.4 CITY - ST- ZIP		
TITLE	TD	DELETE	5.1 TITLE	☐ Change ☐ Addi	
NAME	TUBBS, FRANCES		5.2 NAME		
STREET ADDRESS	1535 NURSERY ROAD, #210		5.3 STREET ADDRESS	ess	
CITY-S1-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TETLE	☐ Change ☐ Addii	
NAME	LIBERTY, EOWARD		6.2 NAME		
STREET ADDRESS	2064 LITTLE NECK RD.		6.3 STREET ADDRESS	iss	
CITY-S1-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

14. I do 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.