

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

GOOD SAMARITAN CHURCH
CLEARWATER FL 34616
US1535 NURSERY RD.
1535 NURSERY RD BOX 210
CLEARWATER FL 34616-23903. Date Incorporated or Qualified
04/02/19633a. Date of Last Report
02/26/19964. FEI Number
59-6194133Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Sunset Point Family Restaurant
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 2328 Sunset Point Rd.
City & State

27 City & State

23 Clearwater, Fla. 34625
Zip Country

28 Zip

30 Country

24 34625

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUBBS, FRANCES #210
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

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 HUNT, BETTY
STREET ADDRESS 1758 ALGONQUIN DR
CITY-ST-ZIP CLEARWATER FL☐ DELETE1.1 TITLE RD
1.2 NAME Preston Packard
1.3 STREET ADDRESS 2007 Castille Drive
1.4 CITY-ST-ZIP Palm Harbor, Fla 34683-6919☐ Change ☐ AdditionTITLE VD
NAME HERB DAY
STREET ADDRESS 1535 NURSERY RD. #201
CITY-ST-ZIP CLEARWATER FL☐ DELETE2.1 TITLE Betty Hunt
2.2 NAME
2.3 STREET ADDRESS Vice president
2.4 CITY-ST-ZIP☒ Change ☐ AdditionTITLE VD
NAME CESARE, ROSE
STREET ADDRESS EAST LAKE DRIVE
CITY-ST-ZIP LARGO, FL 34641☐ DELETE3.1 TITLE ASST. Treasurer
3.2 NAME PHILLIS Packard
3.3 STREET ADDRESS 2007 Castille Dr.
3.4 CITY-ST-ZIP Palm Harbor, Fla 34683-6919☐ Change ☐ AdditionTITLE S
NAME SKOTKO, ESTHER
STREET ADDRESS 340 IMPERIAL PALMS DR
CITY-ST-ZIP LARGO FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE TD
NAME TUBBS, FRANCES
STREET ADDRESS 1535 NURSERY ROAD, #210
CITY-ST-ZIP CLEARWATER FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D
NAME LIBERTY, EDWARD
STREET ADDRESS 2084 LITTLE NECK RD.
CITY-ST-ZIP CLEARWATER FL☐ DELETE6.1 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 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.

SIGNATURE: *Frances O. Tubbs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-1997

Date

Daytime Phone # 0066806

CR2E037 (9/96)