

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED  
 Oct 08 1998 8:00am  
 Secretary of State

DOCUMENT # 705413 (3)

1. Corporation Name: CLEARWATER CHAPTER-AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business: SUNSET POINT FAMILY RESTUARANT, 2328 SUNSET POINT RD., CLEARWATER FL 34625 US  
 Mailing Address: 1535 NURSERY RD., 1535 NURSERY RD BOX 210, CLEARWATER FL 34616

3. Date Incorporated or Qualified: 04/02/1963  
 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  
 7. Is this nonprofit corporation a homeowners association? Yes No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  
 10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current 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 Anna Tubbs  
 Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

DATE: 9-28-1998

12. OFFICERS AND DIRECTORS  
 TITLE [ ] DELETE  
 NAME HUNT, BETTY  
 STREET ADDRESS 1758 ALGONQUIN DR.  
 CITY-ST-ZIP CLEARWATER FL  
 TITLE [ ] DELETE  
 NAME HERB DAY  
 STREET ADDRESS 1535 NURSERY RD. #201  
 CITY-ST-ZIP CLEARWATER FL  
 TITLE [ ] DELETE  
 NAME CESARE, ROSE  
 STREET ADDRESS EAST LAKE DRIVE  
 CITY-ST-ZIP LARGO, FL 34641  
 TITLE [ ] DELETE  
 NAME SKOTKO, ESTHER  
 STREET ADDRESS 340 IMPERIAL PALMS DR  
 CITY-ST-ZIP LARGO FL  
 TITLE [ ] DELETE  
 NAME TUBBS, FRANCES  
 STREET ADDRESS 1535 NURSERY ROAD, #210  
 CITY-ST-ZIP CLEARWATER FL  
 TITLE [ ] DELETE  
 NAME D  
 STREET ADDRESS LIBERTY, EDWARD  
 CITY-ST-ZIP 2064 LITTLE NECK RD.  
 CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE [ ] Change [ ] Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE [ ] Change [ ] Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE [ ] Change [ ] Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE [ ] Change [ ] Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE [ ] Change [ ] Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 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.

SIGNATURE: Frances Anna Tubbs  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: Sept 28 1998  
 DAYTIME PHONE #

CR2E037 (5/98)