

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

DOCUMENT # 705413 (3)

1. Corporation Name:

CLEARWATER CHAPTER-AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

SUNSET POINT FAMILY RESTAURANT
2328 SUNSET POINT RD.
CLEARWATER FL 34625
US

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

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)

9-28-1998
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP [] DELETE

1.1 TITLE

NAME HUNT, BETTY

1.2 NAME

STREET ADDRESS 1758 ALGONQUIN DR.

1.3 STREET ADDRESS

CITY-STATE-ZIP CLEARWATER FL

1.4 CITY-STATE-ZIP

TITLE VD [] DELETE

2.1 TITLE

NAME HERB DAY

2.2 NAME

STREET ADDRESS 1535 NURSERY RD. #201

2.3 STREET ADDRESS

CITY-STATE-ZIP CLEARWATER FL

2.4 CITY-STATE-ZIP

TITLE VD [] DELETE

3.1 TITLE

NAME CESARE, ROSE

3.2 NAME

STREET ADDRESS EAST LAKE DRIVE

3.3 STREET ADDRESS

CITY-STATE-ZIP LARGO, FL 34641

3.4 CITY-STATE-ZIP

TITLE S [] DELETE

4.1 TITLE

NAME SKOTKO, ESTHER

4.2 NAME

STREET ADDRESS 340 IMPERIAL PALMS DR

4.3 STREET ADDRESS

CITY-STATE-ZIP LARGO FL

4.4 CITY-STATE-ZIP

TITLE TD [] DELETE

5.1 TITLE

NAME TUBBS, FRANCES

5.2 NAME

STREET ADDRESS 1535 NURSERY ROAD, #210

5.3 STREET ADDRESS

CITY-STATE-ZIP CLEARWATER FL

5.4 CITY-STATE-ZIP

TITLE D [] DELETE

6.1 TITLE

NAME LIBERTY, EDWARD

6.2 NAME

STREET ADDRESS 2064 LITTLE NECK RD.

6.3 STREET ADDRESS

CITY-STATE-ZIP CLEARWATER FL

6.4 CITY-STATE-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

FILED
Oct 08 1998 8:00am
Secretary of State



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 [X] No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. [] Yes [X] No

10. Name and Address of New Registered Agent

CR2E037 (5/98)