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Mar 29, 1999 8:00 am
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03-29-1999 90029 036 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 705413

1. Corporation Name

CLEARWATER CHAPTER-AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

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

Mailing Address

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



US
Church of The Good Samaritan

2. Principal Place of Business

21 *2165 NE Coachman Rd*

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/02/1963

22 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

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

9. Name and Address of Current Registered Agent

TUBBS, FRANCES
 1535 NURSERY RD.
 CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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 G. Tubbs

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE VP *Sally*

NAME HUNT, BETTY
 STREET ADDRESS 1758 ALGONQUIN DR.
 CITY-ST-ZIP CLEARWATER FL

TITLE VD *Herb* DELETE

NAME HERB DAY
 STREET ADDRESS 1535 NURSERY RD. #201
 CITY-ST-ZIP CLEARWATER FL

TITLE VD DELETE

NAME CESARE, ROSE
 STREET ADDRESS EAST LAKE DRIVE
 CITY-ST-ZIP LARGO, FL 34641

TITLE S DELETE

NAME SKOTKO, ESTHER
 STREET ADDRESS 340 IMPERIAL PALMS DR
 CITY-ST-ZIP LARGO FL

TITLE TD DELETE

NAME TUBBS, FRANCES
 STREET ADDRESS 1535 NURSERY ROAD, #210
 CITY-ST-ZIP CLEARWATER FL

TITLE D DELETE

NAME LIBERTY, EDWARD
 STREET ADDRESS 2064 LITTLE NECK RD.
 CITY-ST-ZIP CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME *President*
 1.3 STREET ADDRESS *Dennis Crabtree*
 1.4 CITY-ST-ZIP *2431 Canadianway #45*
Clearwater, Fla. 33763

2.1 TITLE Change Addition

2.2 NAME *Betty Hunt - Vice President*
 2.3 STREET ADDRESS *Same*

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, with all other like empowered.

SIGNATURE: *Frances G. Tubbs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/198)

0054215