

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90029 036 ****61.25

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

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

TITLE ☒ VP ☐ DELETE

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

TITLE ☒ VP ☐ 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 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 Ramo
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 (11/98)