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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 729285 (7)

1. Corporation Name

CLEARWATER GULFCOAST CHAPTER #1708 OF AMERICAN A SSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
% MARGARET M. CARTER 1099 MCCULLEN BOOTH ROAD, APT #725 CLEARWATER FL 34619	% MARGARET M. CARTER 1099 MCCULLEN BOOTH ROAD, APT #725 CLEARWATER FL 34619

3. Date Incorporated or Qualified: 04/08/1974
3a. Date of Last Report: 08/26/1994
4. FEI Number: 23-7356150 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 1099 McMullen Booth Rd.Apt.725	Suite, Apt. #, etc. 27 1099 McMullen Booth Rd Apt. 725
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARTER, MARGARET M 1099 MCCULLEN BOOTH APT# #725 CLEARWATER FL 34619	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1099 McMullen Booth Road, Apt. 725 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	CARTER, MARGARET M	12 NAME		
STREET ADDRESS	1099 MCCULLEN BOOTH RD., #725	13 STREET ADDRESS	1099 McMullen Booth Road, Apt. 725	
CITY-ST-ZIP	CLEARWATER FL 34619	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	ROBERTS, AUDRIE	22 NAME		
STREET ADDRESS	1099 MCCULLEN BOOTH RD., #222	23 STREET ADDRESS	1099 McMullen Booth Road, Apt.222	
CITY-ST-ZIP	CLEARWATER FL 34619	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☒ Change ☐ Addition
NAME	PRESTON, DORIS	32 NAME		
STREET ADDRESS	1099 MCCULLEN BOOTH RD., #719	33 STREET ADDRESS	1099 McMullen Booth Road, Apt719	
CITY-ST-ZIP	CLEARWATER FL 34619	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☒ Change ☐ Addition
NAME	DESJARDIN, SUZANNE	42 NAME		
STREET ADDRESS	1099 MCCULLEN BOOTH RD., #826	43 STREET ADDRESS	1099 McMullen Booth Road, Apt.826	
CITY-ST-ZIP	CLEARWATER FL 34619	44 CITY-ST-ZIP		
TITLE	CD	51 TITLE		☒ Change ☐ Addition
NAME	CERNIGLIA, ANTHONY	52 NAME		
STREET ADDRESS	1099 MCCULLEN BOOTH RD., #321	53 STREET ADDRESS	4635 Rowan Road, #611	
CITY-ST-ZIP	CLEARWATER FL 34619	54 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	CD	61 TITLE		☒ Change ☐ Addition
NAME	CERNIGLIA, PHYLLIS	62 NAME		
STREET ADDRESS	1099 MCCULLEN BOOTH RD., #321	63 STREET ADDRESS	4635 Rowan Road, #611	
CITY-ST-ZIP	CLEARWATER FL 34619	64 CITY-ST-ZIP	New Port Richey, FL 34653	

DP 5/10

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: MARGARET M. CARTER Margaret M. Carter 3/15/95 (813)796-3163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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