

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90032 008 ****61.25

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1. Corporation Name

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

Principal Place of Business

THE HAMPTON AT CLEARWATER
1099
CLEARWATER FL 33759
US

Mailing Address

1099 MC MULLEN BOOTH RD
APT 412
CLEARWATER FL 33759
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 1099 MC MULLEN BOOTH RD		04/08/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 APT 107		23-7356150	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 CLEARWATER, FL. 33759		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29 33759		30 PINELLAS	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WALLACE, ESTER L 1099 MC MULLEN BOOTH RD APT 412 CLEARWATER FL 33759				81 Name MOREHOUSE, MARION R. 82 Street Address (P.O. Box Number is Not Acceptable) 1099 MC MULLEN BOOTH RD 83 APT 107 84 City CLEARWATER FL 85 Zip Code 33759	
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 <u>Marion R. Morehouse</u>				7/16/99	
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	P	1.1 TITLE	P MOREHOUSE, MARION R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, ESTER L	1.2 NAME	
STREET ADDRESS	1099 MCMULLEN BOOTH RD #412	1.3 STREET ADDRESS	1099 MC MULLEN BOOTH RD
CITY-ST-ZIP	CLEARWATER, FL 33759	1.4 CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	SD	2.1 TITLE	MEANS, KARL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESTON, DORIS	2.2 NAME	
STREET ADDRESS	1099 MCMULLEN BOOTH RD #412	2.3 STREET ADDRESS	1275 TAHOSE DR
CITY-ST-ZIP	CLEARWATER FL 33759	2.4 CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	TD	3.1 TITLE	SD SHERBURN, MARGARET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEILENGER, BERNICE	3.2 NAME	
STREET ADDRESS	1099 MCMULLEN BOOTH RD APT 803	3.3 STREET ADDRESS	1099 MC MULLEN BOOTH RD
CITY-ST-ZIP	CLEARWATER FL 33759	3.4 CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	CD	4.1 TITLE	TD ZEILENGER, BERNICE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREHOUSE, MARION	4.2 NAME	
STREET ADDRESS	1099 MCMULLEN BOOTH RD #412	4.3 STREET ADDRESS	1099 MC MULLEN BOOTH RD
CITY-ST-ZIP	CLEARWATER FL 33759	4.4 CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	CD	5.1 TITLE	
NAME	JEAN HORAN	5.2 NAME	
STREET ADDRESS	1099 MCMULLEN BOOTH RD APT 421	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	CD PRESTON, DORIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	1099 MCMULLEN BOOTH RD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CLEARWATER, FL 33759

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: MARION R. MOREHOUSE Marion R. Morehouse 7/16/99 (727) 797-5852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #