

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735685** (0)
1. Corporation Name
SPARC'S (SPECIAL PEOPLE AIDING RETARDED CITIZENS), INC.

Principal Place of Business Mailing Address
211 S. PROSPECT CLEARWATER FL 34616 **211 S. PROSPECT 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

3. Date Incorporated or Qualified 04/28/1976	
4. FEI Number 59-1697668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GUST, EDWIN H
2042 AUSTRALIA WAY
#28
CLEARWATER FL 34623

10. Name and Address of New Registered Agent
81 Name FRANCIS X. PUTROW
82 Street Address (P.O. Box Number is Not Acceptable) 2175 OAK GROVE DR.
83
84 City CLEARWATER FL 85 Zip Code 33764

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 *Francis X. Putrow* 2-10-98
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	PD <input type="checkbox"/> DELETE
NAME	PUTROW, FRANK
STREET ADDRESS	1275 OAK GROVE DR
CITY-ST-ZIP	CLEARWATER FL 34624
TITLE	SD <input type="checkbox"/> DELETE
NAME	BOSS, MARGUERITE
STREET ADDRESS	2268 HABERSHAM DR
CITY-ST-ZIP	CLEARWATER FL 34624
TITLE	VD <input type="checkbox"/> DELETE
NAME	ADE, DOROTHY
STREET ADDRESS	1415 BENTLEY ST.
CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	SD <input type="checkbox"/> DELETE
NAME	HEHER, MARY JANE
STREET ADDRESS	200 N. BETTY LANE
CITY-ST-ZIP	CLEARWATER FL 34615
TITLE	D <input type="checkbox"/> DELETE
NAME	JAUTZ, LUCILE
STREET ADDRESS	1475 MORROW DR
CITY-ST-ZIP	CLEARWATER FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	GUST, EDWIN H
STREET ADDRESS	2042 AUSTRALIA WAY, #28
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: *Francis X. Putrow* 1-20-98 813 531-7337

CR2E037 (10/97)