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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 735685

1. Corporation Name

SPARC'S (SPECIAL PEOPLE AIDING RETARDED CITIZENS), INC.

Principal Place of Business

211 S. PROSPECT
 CLEARWATER FL ~~34616~~
33756

Mailing Address

211 S. PROSPECT
 CLEARWATER FL ~~34616~~
33756



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/28/1976

4. FEI Number

59-1697668

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

PUTROW, FRANCIS X
2175 OAK GROVE DR.
CLEARWATER FL 33764

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

FRANK PUTROW - PRESIDENT *Frank Putrow*

1-19-99

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 ☐ DELETE
 NAME **PD**
 STREET ADDRESS **PUTROW, FRANK**
 CITY-ST-ZIP **~~1275 OAK GROVE DR.~~**
CLEARWATER FL ~~34624~~

TITLE ☐ DELETE
 NAME **SD**
 STREET ADDRESS **BOSS, MARGUERITE**
 CITY-ST-ZIP **2268 HABERSHAM DR**
CLEARWATER FL ~~34624~~

TITLE ☐ DELETE
 NAME **VD**
 STREET ADDRESS **ADE, DOROTHY**
 CITY-ST-ZIP **1415 BENTLEY ST.**
CLEARWATER FL ~~34616~~

TITLE ☒ DELETE
 NAME **SD**
 STREET ADDRESS **HEHER, MARY JANE**
 CITY-ST-ZIP **200 N. BETTY LANE**
CLEARWATER FL 34615

TITLE ☒ DELETE
 NAME **D**
 STREET ADDRESS **JAUTZ, LUCILE**
 CITY-ST-ZIP **1475 MORROW DR**
CLEARWATER FL

TITLE ☒ DELETE
 NAME **TD**
 STREET ADDRESS **GUST, EDWIN H**
 CITY-ST-ZIP **2042 AUSTRALIA WAY, #28**
CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS **2175 OAK GROVE DR.**
 1.4 CITY-ST-ZIP **CLEARWATER, FL. 33764**

2.1 TITLE ☒ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP **33764**

3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP **33755**

4.1 TITLE ☐ Change ☒ Addition
 4.2 NAME **SD**
 4.3 STREET ADDRESS **WHITE, JEAN**
 4.4 CITY-ST-ZIP **408 PATRICIA AVE**
CLEARWATER, FL. 33765

5.1 TITLE ☒ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP **33756**

6.1 TITLE ☐ Change ☒ Addition
 6.2 NAME **TD**
 6.3 STREET ADDRESS **EVERER, ADA**
 6.4 CITY-ST-ZIP **2520 SUNSET POINT RD. #47**
CLEARWATER, FL. 33765

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: *FRANK PUTROW* **FRANK PUTROW** **1-19-98** **727 531-7337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)