


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90075 032 ****61.25

0084244

-- 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
--	--

90075.32 4



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/28/1976
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1697668
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 85. Zip Code FL
--	--

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTROW, FRANK	1.2 NAME	
STREET ADDRESS	1275 OAK GROVE DR.	1.3 STREET ADDRESS	2175 OAK GROVE DR.
CITY-ST-ZIP	CLEARWATER FL 34624	1.4 CITY-ST-ZIP	CLEARWATER, FL. 33764
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSS, MARGUERITE	2.2 NAME	
STREET ADDRESS	2268 HABERSHAM DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	2.4 CITY-ST-ZIP	33764
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADE, DOROTHY	3.2 NAME	
STREET ADDRESS	1415 BENTLEY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	3.4 CITY-ST-ZIP	33755
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEHER, MARY JANE	4.2 NAME	SD WHITE, JEAN
STREET ADDRESS	200 N. BETTY LANE	4.3 STREET ADDRESS	408 PATRICIA AVE
CITY-ST-ZIP	CLEARWATER FL 34615	4.4 CITY-ST-ZIP	CLEARWATER, FL. 33765
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAUTZ, LUCILE	5.2 NAME	
STREET ADDRESS	1475 MORROW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	33756
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUST, EDWIN H	6.2 NAME	TD EVENER, ADA
STREET ADDRESS	2042 AUSTRALIA WAY, #28	6.3 STREET ADDRESS	2520 SUNSET POINT RD. #47
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	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)