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Feb 23, 1999 8:00 am
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02-23-1999 90055 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N34522					
1. Corporation Name SOUTH CLEARWATER CITIZENS FOR PROGRESSIVE ACTION ASSOCIATION, INC.					
Principal Place of Business 1426 SOUTH GREENWOOD CLEARWATER FL 34616 US			Mailing Address 1120 KINGSLEY CLEARWATER FL 33756 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/03/1989 4. FEI Number 59-2994917 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution	
9. Name and Address of Current Registered Agent FILLHART, NED B. 1504 TILLEY AVE. CLEARWATER FL 34616				10. Name and Address of New Registered Agent 81 Name L. DUKE TIEMAN 82 Street Address (P.O. Box Number is Not Acceptable) 1120 KINGSLEY ST 83 CLEARWATER 84 City FL 85 Zip Code 33756	
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 L. Duke Tieman L. DUKE TIEMAN PRES 13 Jan 99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME TIEMAM, L. "DUKE" STREET ADDRESS 1120 KINGSLEY ST CITY-ST-ZIP CLEARWATER FL 33756			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VD NAME JENKINS, JOHN STREET ADDRESS 1146 ALMA CITY-ST-ZIP CLEARWATER FL 33756			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE SD NAME TIEMAN, GENI STREET ADDRESS 1120 KINGSLEY ST CITY-ST-ZIP CLEARWATER FL 33756			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE TD NAME WOODS, LUCILLE STREET ADDRESS 1528 TILLEY AVENUE CITY-ST-ZIP CLEARWATER FL 33756			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D NAME DUDLEY, LUCILLE STREET ADDRESS 1584 TILLEY AVENUE CITY-ST-ZIP CLEARWATER FL 33756			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE D NAME CARPENTER EMMET W. STREET ADDRESS 1565 SCRANTON AVENUE CITY-ST-ZIP CLEARWATER FL 33756			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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: L. Duke Tieman L. DUKE TIEMAN PRES 13 JAN 99 727-4463853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)