FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1991	
DOCUMENT 1. Corporation Name	#

707760

(5)

CENTRAL FLORIDA CHAPTER OF CLU & CHFC CORPORATION

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Principal Place of Business Mailing Address P O BOX 180458 P O BOX 180458 CASSELBERRY FL 32718 CASSELBERRY FL 32718-0458 US							י אופנים אופנים אופנים אופנים אופנים אופנים באופנים אופנים	185)	
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US			U	•				3. Date incorporated or Qualified	
2. Principal F	Place of Busin	ness	20	. Mailing Address			······································	4. FEI Number Applied F 59-1749329 Net Applied	or
21			26					59-1/49329 Not Applie	cable
Suite, Apt.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired Security 55. Security 55. Certificate of Status Desired Fee Required	
City & Stal	te		26	City & State				6. Election Campaign Financing Trust Fund Contribution S 5.00 May B Added to Fees	
Zıp	ļ	Country	-	Zip	-	xuntry	7	This corporation has liability for intangible tax under s. 199.03	32,
24		and Address of Curren	29	stered Ament	30	1		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
	a. Hailfe	and Madiage of Callett	, mayii	eroian uñaisr		81	Name	10. Maille and vertises on data staffeter whalir	
EICADD	OTTO, JAN	ICE							
	LODY LANE					82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	LBERRY FL					83	 		
J J.		·•				B4	City	Tall 5- A.J.	
						54	Uity	FL es Zip Code	
11. Pursuant	to the provis	ions of Sections 617,050;	and 6	617.1508, Florida Statu	ites, the	abov	e-named co	corporation submits this statement for the purpose of changing its regist oration's board of directors. I hereby accept the appointment as registe	tered
agent. I a	registered aç am familiar wi	ith, and accept the obliga	oi Fior Itions c	of, Section 617,0503, F	lorida St	ed by atute:	y the corpor 8.	oration's board or directors. I hereby accept the appointment as registe	rea
SIGNATURE									
	Signature, typed	or printed name of registered ages					ent signature rec	equired when relinitating) DATE	
12.	DD	OFFICERS AND	DIRE	CTORS DELETE	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1/TLF	PD Adams,	EADI		T DEFEIF		TITLE	1	☐ Change ☐ Ac	agition
NAME STREET ADDRESS		SHIRE BLVD., #104			•	NAME CIDEET	ADDRESS		
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NAME	1	FF, SCOTT				NAME			
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NAME		, ronald			3.2	NAME			
STREET ADDRESS		SHIRE BLVD., #104			3.3	STREET	ADDRESS		
CITY-ST-ZIP	CASSEL	Berry FL					ST-ZIP		
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NAME	1					NAME			
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					■ 62	NAUF			

14. I do hereby certify that the information supplied with this filipty 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 supplier tental 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 corold ation 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

407-339.909

FILED

Apr 30 1997 8:00am

Secretary of State

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