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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711280 (8)

1. Corporation Name

IMPERIAL RIDGE CHAPTER OF THE AMERICAN SOCIETY O F CLU & CHFC, INC.

Principal Place of Business	Mailing Address
1121 SOUTH FLORIDA AVE. PO BOX 2275 LAKELAND FL 33806-9275	1121 SOUTH FLORIDA AVE. PO BOX 2275 LAKELAND FL 33806-2275

3. Date Incorporated or Qualified: 08/01/1966
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business
21: 621 So Florida Ave
22: Suite, Apt #, etc.
23: City & State: Lakeland, Fla
24: Zip: 33801 25: Country

2a. Mailing Address
26: 621 So Florida Ave
27: Suite, Apt. #, etc.
28: City & State: Lakeland Fla
29: Zip: 33801 30: Country

4. FEI Number: 23-7185666 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TARVER, EDWARD J., III
1121 S. FLORIDA AVE.
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name: Barbara A. Gossett
82 Street Address (P.O. Box Number is Not Acceptable): 621 South Florida Avenue
83:
84 City: Lakeland **FL** 85 Zip Code: 33801

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: Barbara A. Gossett — Barbara A. Gossett — 1/8/97
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NIX, MARY ANN		1.2 NAME		
STREET ADDRESS	7401 CYPRESS GARDENS BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	2.1 TITLE	D T	☒ Change ☒ Addition
NAME	TARVER, EDWARD J. III		2.2 NAME	Barbara A. Gossett	
STREET ADDRESS	1121 S. FLORIDA AVE.		2.3 STREET ADDRESS	621 South Florida Avenue	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland, Florida 33801	
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NIX, CLIFTON L.		3.2 NAME		
STREET ADDRESS	202 LK MIRIAM DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FEOLA, RALPH		4.2 NAME		
STREET ADDRESS	1822 JIM REDMON PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		4.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BADGEROW, GREG		5.2 NAME		
STREET ADDRESS	202 LAKE MIRIAM DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PARTRIDGE, BURL		6.2 NAME		
STREET ADDRESS	112 MARIS CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Barbara A. Gossett — 1/8/97 — 941-688-4643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052812

Barbara A. Gossett