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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **742278**

1. Corporation Name

FLORIDA GOLD COAST CHAPTER OF THE SOCIETY OF CHA
RTERED PROPERTY AND CASUALTY UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
118 SEA ISLAND TERRACE BOCA RATON FL 33431	118 SEA ISLAND TERRACE BOCA RATON FL 33431

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 04/04/1978

4. FEI Number: 59-1843498 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

DRESBACK, DONALD E.
118 SEA ISLAND TERRACE
BOCA RATON FL 33431

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	CHERRIS, ROBERT		1.2 NAME		
STREET ADDRESS	4700 NW BOCA RTON BLVD, SUITE 400		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	~~S~~	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	HOWARD BRENDA		2.2 NAME		
STREET ADDRESS	457 BILL TRAITEL AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34953		2.4 CITY-ST-ZIP		
TITLE	~~VP~~	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	MIRANDA, JOSE		3.2 NAME		
STREET ADDRESS	11620 NW 33 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33323		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DRESBACK, DONALD		4.2 NAME		
STREET ADDRESS	118 SEA ISLAND TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCKEE,, IRENE		5.2 NAME		
STREET ADDRESS	2737 N.E. 28TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	STEWART, VICTORIA		6.2 NAME	Cheryl Johns	
STREET ADDRESS	2290 NW BOCA RATON BLVD		6.3 STREET ADDRESS	11065 NW 39 St. #303	
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	Sunrise, FL 33351	

CR2E037 (11/98)

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: SIGNATURE REQUIRED Donald Dresback 2/2/99 561-994-9994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #