FILE NOW: FILING FEE IS $61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90080 022 ****61.25

0065495

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **752699**

1. Corporation Name

THE SARASOTA BAY CHAPTER OF THE AMERICAN SOCIETY OF CLU AND CHFC, INC.

Principal Place of Business	Mailing Address
1858 RINGLING BLVD SARASOTA FL 34236	1858 RINGLING BLVD SARASOTA FL 34236

2. Principal Place of Business 21 1727 Second St. 22 Suite One 23 Sarasota FL 24 34236 25 Sarasota	2a. Mailing Address 26 1727 Second St 27 Suite One 28 Sarasota, FL 29 34236 30 Sarasota	3. Date Incorporated or Qualifed 06/02/1980 4. FEI Number 65-0123257 ☐ 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

RENEA M GLENDINNING
% KERKERING, BARBERIO & CO
1858 RINGLING BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: Clyde M. Thornburg
82 Street Address (P.O. Box Number is Not Acceptable): c/o Shields & Company
83: 1727 Second St.
84 City: Sarasota FL 85 Zip Code: 34236

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: Clyde M. Thornburg — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 1/7/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	MARLETTE, RHONDA		1.2 NAME	Rhonda Marlette	
STREET ADDRESS	1819 MAIN ST		1.3 STREET ADDRESS	1819 main St.	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL	
TITLE	STD	☑ DELETE	2.1 TITLE	Secretary/Treasurer	☐ Change ☑ Addition
NAME	GLENDINNING, RENEA M		2.2 NAME	Clyde M. Thornburg	
STREET ADDRESS	1858 RINGLING BLVD		2.3 STREET ADDRESS	1727 Second St ste 1	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	PD	☐ DELETE	3.1 TITLE	Sec	☐ Change ☐ Addition
NAME	ESKEW, CURTIS		3.2 NAME		
STREET ADDRESS	2055 WOOD ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KOBER, LOIS		4.2 NAME		
STREET ADDRESS	1053 GREER DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: Clyde M. Thornburg — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/7/99 — Daytime Phone #: 941-953-5464