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May 07 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 # **755066** **(8)**

1. Corporation Name

THE SOUTHWEST FLORIDA CHAPTER OF THE AMERICAN SOCIETY OF CLU & CHFC, INC.

Principal Place of Business	Mailing Address
500 5TH AVENUE SOUTH #511 NAPLES FL 33940-6614 US	500 5TH AVENUE SOUTH #511 NAPLES FL 34102-6614 US

3. Date Incorporated or Qualified: **11/10/1980**
3a. Date of Last Report: **03/05/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26: P.O. Box 518
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: NAPLES FL
Zip — 24 / Country — 25
Zip — 29: 34106-0518 / Country — 30: US

4. FEI Number: **59-2142316** ☐ 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**

MICHAEL J. SINCLAIR
870 BALD EAGLE DRIVE
MARCO ISLAND FL 33937

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	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KILBOURN, E. MICHAEL		1.2 NAME		
STREET ADDRESS	3033 RIVERIA DRIVE #101		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	TAYLOR, JOSEPH W.		2.2 NAME		
STREET ADDRESS	P.O. BOX 518 NA		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	WELTON, ROGER		3.2 NAME		
STREET ADDRESS	4263 BAY BEACH LANE, APT. #114		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BOSTIC, BRENDA U.		4.2 NAME		
STREET ADDRESS	853 VANDERBILT BCH RD., #255		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	WHITE, A. SCOTT		5.2 NAME		
STREET ADDRESS	13250 UNIVERSITY CENTER BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS 33907		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE	[redacted]	☐ Change ☒ Addition
NAME	SCHENA, KENNETH		6.2 NAME		
STREET ADDRESS	4760 4500 EXECUTIVE DR, STE 240		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL, 34119		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: Roger S. Welton 4/21/97 941-463-3192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0068659