02211999-90060-045-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

99 MAR 22 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755066

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

Principal Place of Business	Mailing Address
1500 COLONIAL BLVD STE 216 FT MYERS FL 33907 US	1500 COLONIAL BLVD 216 FT MYERS FL 33907 US

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 4560 Via Royale	26 4560 Via Royale	11/10/1980
22 Suite, Apt. #, etc. 4B	27 Suite, Apt. #, etc. 4-B	4. FEI Number 59-2142316 ☐ Applied For ☐ Not Applicable
23 City & State Ft. Myers, FL	28 City & State Ft. Myers, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 33919 25 Country LEE	29 Zip 33919 30 Country LEE	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HARRIS, PAUL A
1500 COLONIAL BLVD
STE 216
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name HARRIS, PAUL A.
82 Street Address (P.O. Box Number is Not Acceptable) 4560 Via Royale, 4-B
83
84 City Ft. Myers FL 85 Zip Code 33919

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 Paul C. Harris 1/5/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	11 TITLE		☐ Change ☑ Addition
NAME	WHITE, SCOTT A		12 NAME		
STREET ADDRESS	13051 UNIVERSITY DR		13 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		14 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	21 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	SCHENA, KENNETH		22 NAME		
STREET ADDRESS	4760 4500 EXECUTIVE DR STE 240		23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		24 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	31 TITLE		☑ Change ☐ Addition
NAME	HARRIS, PAUL		32 NAME		
STREET ADDRESS	1500 COLONIAL BLVD STE 216		33 STREET ADDRESS	4560 Via Royale, B-4	
CITY-ST-ZIP	FT. MYERS FL		34 CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	D	☑ DELETE	41 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	TAYLOR, JOSEPH W		42 NAME	GENE HARMATY	
STREET ADDRESS	P O BOX 518		43 STREET ADDRESS	14021 METROPOLIS AVE.	
CITY-ST-ZIP	NAPLES FL		44 CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	SD	☑ DELETE	51 TITLE	SECRETARY - DIRECTOR	☐ Change ☑ Addition
NAME	HORN, MICHAEL		52 NAME	FREDERICK GARTZ	
STREET ADDRESS	6100 N TAMIAMI TRAIL #3		53 STREET ADDRESS	1048 Goodlette Rd. N. 200	
CITY-ST-ZIP	NAPLES FL		54 CITY-ST-ZIP	Naples FL 34102-5449	
TITLE	VP	☐ DELETE	61 TITLE	VP - DIRECTOR	☐ Change ☑ Addition
NAME	E. Michael Kilbourn		62 NAME	E. MICHAEL KILBOURN	
STREET ADDRESS			63 STREET ADDRESS	3033 Riviera Drive, Ste 202	
CITY-ST-ZIP			64 CITY-ST-ZIP	Naples FL 34103-2750	

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: [illegible] SIGNATURE REQUIRED 1/6/99 941939 5131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #