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NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # N20365 (5)

1. Corporation Name

TAMPA CHAPTER OF THE AMERICAN SOCIETY OF CLU & C
HFC, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1511 N WESTSHORE<br>SUITE 925<br>TAMPA FL 33607<br>US | ~~C/O THOMAS A. ROMAN~~<br>P.O. BOX 21732<br>TAMPA FL 33622-1732<br>US |

3. Date Incorporated or Qualified: 04/28/1987
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business: 21 4010 CYPRESS WILLOW CT
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27
City & State: 23 TAMPA, FL
City & State: 28
Zip: 24 33614
Country: 25 HILLSBORO
Zip: 29
Country: 30

4. FEI Number: 59-2824939 ☐ 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

DORREMAN, ELAINE
~~1511 N. WESTSHORE BLVD~~
~~SUITE 925~~
~~TAMPA FL 33607~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4010 CYPRESS WILLOW CT.
83
84 City: TAMPA FL 85 Zip Code: 33614

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: Elaine Dorreman — 3/26/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>~~ERB, JAMES L. JR~~<br>~~1 N DALE MABRY S-1100~~<br>TAMPA FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P<br>JOE RAMENDA<br>2502 ROCKY POINT DR. #310<br>TAMPA, FL 33607 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>~~RAMENDA, JOSEPH~~<br>~~2502 ROCKY POINT DR SUITE 310~~<br>TAMPA FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VP<br>GEORGE FOLLSTAD<br>4010 BOY SCOUT BLVD #700<br>TAMPA, FL 33607 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>~~MULLEN, IRENE~~<br>4830 W. KENNEDY SUITE 590<br>TAMPA FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | VP<br>IRENE MULLEN-HARDIN | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>THURMAN, CHARLES<br>116 W. BLOOMINGDALE AVENUE<br>BRANDON FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~ALLEN, KIM~~<br>~~4010 BOY SCOUT BLVD #700~~<br>TAMPA FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D<br>WALTER JONES<br>1000 N. ASHLEY #100<br>TAMPA, FL 33602 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~MILLER, RICK~~<br>~~100 SOUTH BLVD~~<br>TAMPA FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D<br>DONNA CARRILLO<br>ONE N. DALE MABRY #1100<br>TAMPA, FL 33609 | ☒ Change ☐ Addition |

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: [illegible] — 3/26/97 — 813-288-9111

American Society of CLU & ChFC

A National Organization of Insurance and Financial Service Professionals
1996-1997



**1997 - 1998 Officers:**

| | |
|---|---|
| President | Irene Mullen-Hardin<br>4830 W. Kennedy, Suite 590<br>Tampa, FL 33609 |
| 1st Vice President | George Follstad<br>4010 Boy Scout Blvd, Suite 700<br>Tampa, FL 33607 |
| 2nd Vice President | Bob Condron<br>5999 Central Ave., Suite 400<br>St. Petersburg, FL 33710 |
| Secretary/Treasurer | Nelson Castro<br>4830 W. Kennedy, Suite 550<br>Tampa, FL 33609 |

**1997 - 1998 Directors:**

| | |
|---|---|
| Walter Jones | 1000 N. Ashley, Suite 100<br>Tampa, FL 33602 |
| Donna Carrillo | 1 N. Dale Mabry, Suite 1100<br>Tampa, FL 33609 |
| Joe Teague | 1 N. Dale Mabry, Suite 1100<br>Tampa, FL 33609 |
| Charlie Thurman | 116 W. Bloomingdale Ave.<br>Brandon, FL 33511 |
| George Hutchens | 5401 W. Kennedy, Suite 700<br>Tampa, FL 33609 |
| Jim Hough | 1111 Oakfield Dr., Suite 101<br>Brandon, FL 33511 |

**TAMPA CHAPTER**

P.O. Box 21732
Tampa, FL 33622
(813) 243-1015
FAX: 287-1601