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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
4010 CYPRESS WILLOW CT TAMPA FL 33614 US	C/O THOMAS A. ROMAN P.O. BOX 21732 TAMPA FL 33622 US

3. Date Incorporated or Qualified: 04/28/1987

4. FEI Number: 59-2824939 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DORREMAN, ELAINE
4010 CYPRESS WILLOW CT
TAMPA FL 33614

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		☒ Change ☐ Addition
NAME	RAMENDA, JOE		1.2 NAME	HARDIN, IRENE MULLEN	
STREET ADDRESS	2502 ROCKY POINT DR, #310		1.3 STREET ADDRESS	3916 VENETIAN	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOLLSTAD, GEORGE		2.2 NAME		
STREET ADDRESS	4010 BOY SCOUT BLVD, #700		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	MULLEN-HARDIN, IRENE		3.2 NAME	JONES, WALTER	
STREET ADDRESS	4830 W. KENNEDY SUITE 590		3.3 STREET ADDRESS	ONE N. DALE MABRY #1100	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	THURMAN, CHARLES		4.2 NAME	HUTCHENS, GEORGE	
STREET ADDRESS	116 W. BLOOMINGDALE AVENUE		4.3 STREET ADDRESS	5401 W. KENNEDY #700	
CITY-ST-ZIP	BRANDON FL		4.4 CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	JONES, WALTER		5.2 NAME	GOOD, GREG	
STREET ADDRESS	1000 N ASHLEY, #100		5.3 STREET ADDRESS	500 N. WESTSHORE #415	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CARRILLO, DONNA		6.2 NAME		
STREET ADDRESS	ONE N DALE MABRY, #1100		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [signature] PRES 4/10/98 813-243-1015