

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50852 (5)

1. Corporation Name

**WEST CENTRAL FLORIDA CHAPTER OF THE INSTITUTE OF
BUSINESS APPRAISERS, INC.**



Principal Place of Business

Mailing Address

**11740 LIPSEY RD
TAMPA FL 33618
US**

**11740 LIPSEY RD
TAMPA FL 33618
US**

3. Date Incorporated or Qualified

09/14/1992

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 100 - 2ND AVE. S., #

26 100 - 2ND AVE. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 606

27 # 606

City & State

City & State

23 ST. PETERSBURG FL

28 ST. PETERSBURG FL

Zip

Country

Zip

Country

24 33701

25 Pinellas

29 33701

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LONG, SUSAN W.
8910 N. DALE MABRY
SUITE 15
TAMPA FL 33614**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **LONG, SUSAN W.**
STREET ADDRESS **3715 HAVERHILL DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **BURG, TODD**
STREET ADDRESS **1022 AVE. S.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **ZIEGLER, MARY C.**
STREET ADDRESS **9750 SEMINOLE BLVD.**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☐ DELETE

NAME **CRAWFERD, VIRGINIA**
STREET ADDRESS **11740 LIPSEY ROAD**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **President**
Ulrich, Dick G.
1.3 STREET ADDRESS **100 - 2nd Ave. S., #606**
1.4 CITY-ST-ZIP **St. Petersburg FL 33710**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Treasurer**
Burg, C. Todd
2.3 STREET ADDRESS **100 - 2ND AVE. S. # 606**
2.4 CITY-ST-ZIP **St. Petersburg FL 33710**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Secretary**
Mills, Kathy D.
3.3 STREET ADDRESS **33 N. Garden Ave., #800**
3.4 CITY-ST-ZIP **Clearwater FL 34615**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **Vice-President**
McNulty, James A.
4.3 STREET ADDRESS **400 N. Ashley Dr. # 2675**
4.4 CITY-ST-ZIP **Tampa, FL 33602**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Dick G. Ulrich President

Date

Daytime Phone #

CR2E037 (12/95)

4-5-96