

**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 # 707349 (7)

1. Corporation Name  
**FLORIDA GULF COAST CHAPTER, INC., THE AMERICAN INSTITUTE OF ARCHITECTS**



Principal Place of Business: ~~PO BOX 48986 SARASOTA FL 34230-2986~~  
Mailing Address: PO BOX 48986 SARASOTA FL 34230-2986 US

3. Date Incorporated or Qualified: 05/26/1964  
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		65-0137706	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KUYKENDALL, CHARLES E 227 CENTRAL AVE SUITE 19 SARASOTA FL 34236	81. Name: Michael R. Edwards
	82. Street Address (P.O. Box Number is Not Acceptable): 1133 4th Street, Ste. 101
	83. City: Sarasota, FL 85. Zip Code: 34236
	84. City: Sarasota, FL 85. Zip Code: 34236

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: *Michael R. Edwards* MICHAEL R. EDWARDS - PRESIDENT 1-18-96  
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: P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HALSTEAD, WILLIAM E		1.2 NAME: Witthoeffft, Arthur	
STREET ADDRESS: 330 S PINEAPPLE AVE 107		1.3 STREET ADDRESS: 4378 Winner's Circle, #2724	
CITY-ST-ZIP: SARASOTA FL		1.4 CITY-ST-ZIP: Sarasota, FL	
TITLE: S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ELIOT, NANNE DARIS		2.2 NAME: Steuber, Robert	
STREET ADDRESS: P O BOX 2728		2.3 STREET ADDRESS: 1365 6th Street	
CITY-ST-ZIP: SARASOTA FL		2.4 CITY-ST-ZIP: Sarasota, FL	
TITLE: VP	<input type="checkbox"/> DELETE	3.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EDWARDS, MICHAEL		3.2 NAME: Edwards, Michael R.	
STREET ADDRESS: 1133 4TH ST 101		3.3 STREET ADDRESS:	
CITY-ST-ZIP: SARASOTA FL		3.4 CITY-ST-ZIP:	
TITLE: T	<input type="checkbox"/> DELETE	4.1 TITLE: Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KUYKENDALL, CHARLES E		4.2 NAME: Kuykendall, Charles E.	
STREET ADDRESS: 227 CENTRAL AVE		4.3 STREET ADDRESS:	
CITY-ST-ZIP: SARASOTA FL		4.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HIWER, ROLAND		5.2 NAME:	
STREET ADDRESS: 227 CENTRAL AVE		5.3 STREET ADDRESS:	
CITY-ST-ZIP: SARASOTA FL		5.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SMITH, MARK		6.2 NAME:	
STREET ADDRESS: 5562 CAPE AQUA DR		6.3 STREET ADDRESS:	
CITY-ST-ZIP: SARASOTA FL		6.4 CITY-ST-ZIP:	

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: *Michael R. Edwards* Michael R. Edwards - Pres. 1-18-96 (941) 955-9883  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)