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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707349** (7)
1. Corporation Name
FLORIDA GULF COAST CHAPTER, INC., THE AMERICAN INSTITUTE OF ARCHITECTS

Principal Place of Business THE ATRIUMS EXECUTIVE CENTER PO BOX 48986 SARASOTA FL 34230-2986	Mailing Address PO BOX 48986 SARASOTA FL 34230-5986 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1964	3a. Date of Last Report 01/25/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0137706		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent EDWARDS, MICHAEL R 1133 4TH ST., SUITE 101 SARASOTA FL 34238		10. Name and Address of New Registered Agent 81 Name Kuykendall, Charles E. 82 Street Address (P.O. Box Number is Not Acceptable) 227 Central Ave 83 Sarasota, Florida 84 City FL 85 Zip Code 34236	
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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 *Charles E. Kuykendall* DATE **3-26-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTHOEFT, ARTHUR	1.2 NAME	Michael R. Carlson AIA
STREET ADDRESS	4378 WINNER'S CIR. #2724	1.3 STREET ADDRESS	1607 Arlington St.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota FL 34239
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEUBER, ROBERT	2.2 NAME	BRUCE N. BALK AIA
STREET ADDRESS	1365 6TH ST.	2.3 STREET ADDRESS	290 Coconut Ave, Bldg 1
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, MICHAEL	3.2 NAME	CHARLES E. KUYKENDALL AIA
STREET ADDRESS	1133 4TH ST 101	3.3 STREET ADDRESS	227 CENTRAL AVE
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA FL 34236
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUYKENDALL, CHARLES E	4.2 NAME	FREDRICK V. RUSSA AIA
STREET ADDRESS	227 CENTRAL AVE	4.3 STREET ADDRESS	2980 SOUTH McCALL ROAD #A
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	ENGLEWOOD FL 34224-8639
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIWER, ROLAND	5.2 NAME	Richard M. Garfinkel AIA
STREET ADDRESS	227 CENTRAL AVE	5.3 STREET ADDRESS	2269 57th St.
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATE DIRECTOR	6.2 NAME	
STREET ADDRESS	SMITH, MARK	6.3 STREET ADDRESS	
CITY-ST-ZIP	5562 CAPE AQUA DR	6.4 CITY-ST-ZIP	
	SARASOTA FL		

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: *Charles E. Kuykendall* DATE **3-26-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0062944**

CR2E037 (9/96)