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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

707349

(7)

FLORIDA GULF COAST CHAPTER, INC., THE AMERICAN I NSTITUTE OF ARCHITECTS

Principal Place of Business Malling Address THE ATRIUMS EXPONENCE OFMER-PO BOX 48986 3. Date Incorporated or Qualified PO BOX 48986 **SARASOTA FL 34230-2006** 05/26/1964 **SARASOTA FL 34230-2986** 4. FEI Number Applied For 65-0137706 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 ☐ Yes 26 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name KUYKENDALL, CHARLES E 62 Street Address (P.O. Box Number is Not Acceptable) 227 CENTRAL AVE SARASOTA FL 34236 83 84 City Zip Code 85 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 reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE 1.1 TITLE Change Addition CARLSON, MICHAEL R A/A NAME 1.2 NAME 1687 ARLINGTON ST STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CiTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME BACK, BRUCE N A/A 2.2 NAME 4204 STREET ADDRESS 290 COCOANUT AVE BLDG 1 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE TITLE 3.1 TITLE Change Addition ROSSA. FREDRICK V A/A NAME 3.2 NAME 2980 S MCCALL ROAD #A STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL 39 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE KUYKENDALL, CHAPILES E NAME 4. 2 NAME 227 CENTRAL AVE STREET ADDRESS 4.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition GARFINKEL, RICHARD M A/A NAME 5.2 NAME 2269 57TH ST STREET ADDRESS 5.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition SMITH, MARK NAME 6.2 NAME 5562 CAPE AQUA DR STREET ADDRESS **6.3 STREET ADDRESS** SARASOTA FL CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 trusted 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:

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FILED

Mar 24 1998 8:00am

Secretary of State