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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

**FILED
Mar 01, 1999 8:00 am
Secretary of State**

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DOCUMENT # 707349

1. Corporation Name

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

Principal Place of Business	Mailing Address
P O BOX 48986 SARASOTA FL 34230-2986 US	PO BOX 48986 SARASOTA FL 34230-2986 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/26/1964		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0137706		Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐		$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐		$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
KUYKENDALL, CHARLES E 227 CENTRAL AVE SARASOTA FL 34236	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 reinstating)   DATE

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME CARLSON, MICHAEL R A/A		1.2 NAME	
STREET ADDRESS 330 S PINEAPPLE AVE #204		1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34236		1.4 CITY-ST-ZIP	
TITLE S	☐ DELETE	2.1 TITLE VP	☒ Change ☐ Addition
NAME PARKS, DALE S A		2.2 NAME	
STREET ADDRESS 330 S PINEAPPLE AVE #204		2.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34236		2.4 CITY-ST-ZIP	
TITLE P	☒ DELETE	3.1 TITLE S	☐ Change ☒ Addition
NAME ROSSA, FREDRICK V A/A		3.2 NAME Robert Steuber AIA	
STREET ADDRESS 2980 S MCCALL ROAD #A		3.3 STREET ADDRESS 1630 Morrill ST.	
CITY-ST-ZIP SARASOTA FL 34224		3.4 CITY-ST-ZIP Sarasota, FL 34236	
TITLE VP	☐ DELETE	4.1 TITLE P	☒ Change ☐ Addition
NAME HOLLADAY, SAMUEL C A		4.2 NAME	
STREET ADDRESS 325 CENTRAL AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34236		4.4 CITY-ST-ZIP	
TITLE SD	☐ DELETE	5.1 TITLE D	☒ Change ☐ Addition
NAME GARFINKEL, RICHARD M A/A		5.2 NAME	
STREET ADDRESS 2269 57TH ST		5.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		5.4 CITY-ST-ZIP	
TITLE SD	☐ DELETE	6.1 TITLE D	☒ Change ☐ 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 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, with all other like empowered.

SIGNATURE: _Michael R. Carlson_ FMichael R. Carlson   2/3/99   941-362-4312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #