

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707760** (5)

1. Corporation Name

**CENTRAL FLORIDA CHAPTER OF CLU & CHFC CORPORATIO  
N**

Principal Place of Business

Mailing Address

P O BOX 180458  
CASSELBERRY FL 32718  
US

P O BOX 180458  
CASSELBERRY FL 32718  
US

3. Date Incorporated or Qualified

**09/01/1964**

4. FEI Number

**59-1749329**

Applied For

Not Applicable

2. Principal Place of Business

21 **360 WILSHIRE BLVD**

Suite, Apt. #, etc.

22 **#104**

City & State

23 **CASSELBERRY FL**

Zip

24 **32707**

Country

25

26. Mailing Address

26 **360 WILSHIRE BLVD**

Suite, Apt. #, etc.

27 **#104**

City & State

28 **CASSELBERRY FL**

Zip

29 **32707**

Country

30

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FICAROTTO, JANICE  
315 MELODY LANE  
CASSELBERRY FL 32718**

10. Name and Address of New Registered Agent

81 Name

**EARL ADAMS**

82 Street Address (P.O. Box Number is Not Acceptable)

**360 WILSHIRE BLVD**

83

84 City

**CASSELBERRY**

**FL**

85 Zip Code

**32707**

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

*Earl Adams*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ADAMS, EARL**

STREET ADDRESS **360 WILSHIRE BLVD., #104**

CITY-ST-ZIP **CASSELBERRY FL**

TITLE **VPD** ☐ DELETE

NAME **DAYHOFF, SCOTT**

STREET ADDRESS **360 WILSHIRE BLVD., #104**

CITY-ST-ZIP **CASSELBERRY FL**

TITLE **STO** ☐ DELETE

NAME **ALLBEE, RONALD**

STREET ADDRESS **360 WILSHIRE BLVD., #104**

CITY-ST-ZIP **CASSELBERRY FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 **PPD** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **32707-5382**

2.1 TITLE **PD** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP **32707-5382**

3.1 TITLE **PED** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP **32707-5382**

4.1 TITLE **VPD** ☐ Change ☒ Addition

4.2 NAME **RICHARD PATTERSON**

4.3 STREET ADDRESS **360 WILSHIRE BLVD. #104**

4.4 CITY-ST-ZIP **CASSELBERRY FL 32707-5382**

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

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.

SIGNATURE:

*Earl Adams*

1/20/98 (407)767-0200

CR2E037 (10/97)