

# 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 # 711280 (8)**

1. Corporation Name

**IMPERIAL RIDGE CHAPTER OF THE AMERICAN SOCIETY OF  
F CLU & CHFC, INC.**



Principal Place of Business

**1121 SOUTH FLORIDA AVE.  
PO BOX 2275  
LAKELAND FL 33806-9275**

Mailing Address

**1121 SOUTH FLORIDA AVE  
PO BOX 2275  
LAKELAND FL 33806-9275**

3. Date Incorporated or Qualified

**08/01/1966**

3a. Date of Last Report

**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TARVER, EDWARD J., III  
1121 S. FLORIDA AVE.  
LAKELAND FL 33803**

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

12. OFFICERS AND DIRECTORS

☒ DELETE

**D  
SMALLHEER, CHARLES  
500 S FL AVE 8TH FL  
LAKELAND FL**

☐ DELETE

**DT  
TARVER, EDWARD J. III  
1121 S. FLORIDA AVE.  
LAKELAND FL**

☒ DELETE

**DV  
LEE, W JAMES  
811 S MISSOURI  
LAKELAND FL**

☐ DELETE

**DP  
FEOLA, RALPH  
1822 JIM REDMON PKWY  
PLANT CITY FL**

☐ DELETE

**B  
BADGEROW, GREG  
202 LAKE MIRIAM DR  
LAKELAND FL**

☒ DELETE

**DV  
SWEENEY, BARBARA  
PO BOX 2175 N/A  
LAKELAND FL**

☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD J. TARVER, III**

Date

Daytime Phone #

**4/22/96 941-683-5553**

CR2E037 (12/95)