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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711280** (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

621 S. FLORIDA AVE.
PO BOX 2275-
LAKELAND FL 33801-
US

621 S. FLORIDA AVE.
PO BOX 2275
LAKELAND FL 33801-
US

3. Date Incorporated or Qualified

08/01/1966

4. FEI Number

23-7185666

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 621 South Florida Avenue
Suite, Apt. #, etc.

26 P.O. Box 2175
Suite, Apt. #, etc.

22 City & State
23 Lakeland FL

27 City & State
28 Lakeland, Florida

24 Zip
33801

25 Country
USA

29 Zip
33806-2175

30 Country
USA

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

10. Name and Address of New Registered Agent

GOSSETT, BARBARA A.
621 SOUTH FLORIDA AVE.
LAKELAND FL 33801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP ☐ DELETE
NAME NIX, MARY ANN
STREET ADDRESS 7401 CYPRESS GARDENS BLVD
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME GOSSETT, BARBARA
STREET ADDRESS 621 SOUTH FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME NIX, CLIFTON L.
STREET ADDRESS 202 LK MIRIAM DR
CITY-ST-ZIP LAKELAND FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FEOLA, RALPH
STREET ADDRESS 1822 JIM REDMON PKWY
CITY-ST-ZIP PLANT CITY FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME BADGEROW, GREG
STREET ADDRESS 202 LAKE MIRIAM DR
CITY-ST-ZIP LAKELAND FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME PARTRIDGE, BURL
STREET ADDRESS 112 MARIS CT
CITY-ST-ZIP LAKELAND FL

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: *Barbara A. Gossett*

1/13/98 (941) 688-4643

CR2E037 (10/97)