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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711280

1. Corporation Name

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

Principal Place of Business

621 S. FLORIDA AVE.
 LAKELAND FL 33801
 US

Mailing Address

P.O. BOX 2175
 LAKELAND FL 33806-2175
 US

436815 - 90037 - 28



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 7021 Pinehaven Drive	26 P.O. Box 58	08/01/1966
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	23-7185666
City & State	City & State	Applied For
23 Lakeland, Florida	28 Kathleen, Florida	No: Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/>
24 33810-1275 25 USA	29 33849-0058 30 USA	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 33810-1275
83	
84 City	
Lakeland	

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	1.1 TITLE	President
NAME	NIX, MARY ANN	1.2 NAME	Louis C. Witcher
STREET ADDRESS	7401 CYPRESS GARDENS BLVD	1.3 STREET ADDRESS	6800 State Rd 37 North
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	DT	2.1 TITLE	7021 Pinehaven Drive
NAME	GOSSETT, BARBARA	2.2 NAME	Lakeland, Florida 33810-1275
STREET ADDRESS	621 SOUTH FLORIDA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	Secretary
NAME	NIX, CLIFTON L.	3.2 NAME	Becky Shealy
STREET ADDRESS	202 LK MIRIAM DR	3.3 STREET ADDRESS	7401 Cypress Gardens Boulevard
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Winter Haven, FL 33888
TITLE	D	4.1 TITLE	
NAME	FEOLA, RALPH	4.2 NAME	
STREET ADDRESS	1822 JIM REDMON PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	
NAME	BADGEROW, GREG	5.2 NAME	
STREET ADDRESS	202 LAKE MIRIAM DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	
NAME	PARTRIDGE, BURL	6.2 NAME	
STREET ADDRESS	112 MARIS CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

941 858-1588

Daytime Phone #

CR2E037 (1/98)