


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90026 021 ****61.25

DOCUMENT # 711280	
1. Entity Name IMPERIAL RIDGE CHAPTER OF THE AMERICAN SOCIETY OF CLU & CHFC, INC.	

Principal Place of Business 7021 PINEHAVEN DR LAKELAND FL 33810-1275 US	Mailing Address PO BOX 60 KATHLEEN FL 33849-0058 US
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2. Principal Place of Business 1591 Grasslands Blvd. Suite, Apt. #, etc. #88	3. Mailing Address P.O. Box 2768 Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State Lakeland Florida	City & State Lakeland Florida
Zip 33803	Zip 33806-2768
Country USA	Country USA

4. FEI Number 23-7185666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SWEENEY, BARBARA A 7021 PINEHAVEN DR LAKELAND FL 33810-1275	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
1501 Grasslands Blvd. #88	
City Lakeland	Zip Code FL 33803

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SWEENEY, BARBARA A 7021 PINEHAVEN DR LAKELAND FL 33810-1275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1501 Grasslands Blvd. #88 Lakeland, Florida 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, KIMBERLY 911 KRISTINA COURT AUBURNDAL FL 33823-9605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, DAVID 505 AVENUE A, NW ST. 101A WINTER HAVEN FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD VIBRAL, LISA 628 WEXFORD CT. WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASMUND, PAUL 225 SHORE DRIVE WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

1/31/06