

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90163 050 \*\*\*\*61.25

**DOCUMENT # 711280**

1. Entity Name

**IMPERIAL RIDGE CHAPTER OF THE AMERICAN SOCIETY OF  
F 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**

**70016801**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7185666**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOSSETT, BARBARA A.  
7021 PINEHAVEN DR  
LAKELAND FL 33810-1275**

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **PATE, THOMAS G**  
STREET ADDRESS **811 S MISSOURI AVENUE**  
CITY-ST-ZIP **WINTER HAVEN FL 33881 XX**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Lakeland, Florida 33815**

TITLE **DT** ☐ Delete  
NAME **GOSSETT, BARBARA**  
STREET ADDRESS **7021 PINEHAVEN DR**  
CITY-ST-ZIP **LAKELAND FL 33810-1275**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVP** ☐ Delete  
NAME **BROOKS, KIMBERLY**  
STREET ADDRESS **911 KRISTINA COURT**  
CITY-ST-ZIP **AUBURNDAL FL 33823-9605**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP/D** ☐ Delete  
NAME **BAKER, DAVID**  
STREET ADDRESS **505 AVENUE A, NW ST. 101A**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **VIBRAL, LISA**  
STREET ADDRESS **822 CARLTON COURT**  
CITY-ST-ZIP **WINTER HAVEN FL 33844-3438**

TITLE **VP/D** ☒ Change ☐ Addition  
NAME **Vibral, Lisa**  
STREET ADDRESS **628 Wexford Court**  
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/D** ☐ Change ☒ Addition  
NAME **Beth Luxford**  
STREET ADDRESS **298 Okaloosa Drive**  
CITY-ST-ZIP **Winter Haven, FL 33884**

12. 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 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: Barbara A. Gossett, Treas 1/28/03 863 858-1588**

CR2E037 (10/02)