

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735420** (2)

1. Corporation Name

**THE PALM BEACH COUNTY CHAPTER OF THE AMERICAN SOCIETY OF CLU & CHFC, INC.**

Principal Place of Business

Mailing Address

**1217 LAKE GENEVA DR.  
LAKE WORTH FL 33461**

**P. O. BOX 151  
LAKE WORTH FL 33461**



2. Principal Place of Business

2a. Mailing Address

**21 1217 Lake Geneva Dr**

**26 P O Box 151**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 Lake Worth, FL**

**28 Lake Worth, FL**

Zip Country

Zip Country

**24 33461-6043**

**25 Palm Beach**

**29 33460-0151**

**30 Palm Beach**

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/30/1976**

4. FEI Number

**59-2346491**

Applied For

☒ Not Applicable

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 **N/A**

10. Name and Address of New Registered Agent

**KNAPP, CAROL C CHFC  
NORTHWESTERN MUTUAL LIFE  
2300 PALM BEACH LAKES BLVD #216  
WEST PALM BCH FL 33409**

81 Name

**Eric J. Fischer, CLU**

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

**Clark Oen Johnson Fischer**

**1800 South Australian Ave #202**

84 City

**West Palm Beach**

85 Zip Code

**FL 33409**

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

*Eric J. Fischer*  
Signature, typed or printed name of registered agent and title if applicable.

**Eric J. Fischer, CLU**  
(NOTE: Registered Agent signature required when reinstating)

**4/15/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☒ DELETE

**PD  
KNAPP, CAROL C CHFC  
2300 PALM BEACH LAKES BLD #216  
WEST PALM BEACH FL**

TITLE NAME ☐ DELETE

**VPD  
FISCHER, ERIC C  
1800 AUSTRALIAN AVE SOUTH #202  
WEST PALM BEACH FL**

TITLE NAME ☐ DELETE

**SD  
GODWIN, SHERI  
700 WEST HILLSBORO BLVD BLDG 1 #201  
DEERFIELD BEACH FL**

TITLE NAME ☐ DELETE

**TD  
HANSEN, RODERICK P CFP  
2303 GLADES RD #303 E  
BOCA RATON FL**

TITLE NAME ☐ DELETE

**PD  
BARBES, JOHN E CLU  
2424 NORTH FEDERAL HWY #259  
BOCA RATON FL**

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☒ Addition

**1.2 NAME  
Fischer, Eric J CLU  
1.3 STREET ADDRESS  
1800 Australian Ave South #202  
1.4 CITY-ST-ZIP  
West Palm Beach, FL 33409**

2.1 TITLE VPD ☐ Change ☐ Addition

**2.2 NAME  
Godwin, Sheri K MBA, CLU, ChFC  
2.3 STREET ADDRESS  
49 W Cypress Rd  
2.4 CITY-ST-ZIP  
Lake Worth, FL 33467**

3.1 TITLE SD ☐ Change ☐ Addition

**3.2 NAME  
Gordon, Fred CLU, ChFC, CEP, LUTCF  
3.3 STREET ADDRESS  
1128 Royal Palm Beach Blvd #408  
3.4 CITY-ST-ZIP  
Royal Palm Beach, FL 33411**

4.1 TITLE TD ☐ Change ☐ Addition

**4.2 NAME  
Hansen, Roderick P CFP, CLU, ChFC  
4.3 STREET ADDRESS  
2300 Glades Rd #303E  
4.4 CITY-ST-ZIP  
Boca Raton, FL 33431**

5.1 TITLE PD ☐ Change ☐ Addition

**5.2 NAME  
Knapp, Carol CLU, ChFC  
5.3 STREET ADDRESS  
2300 Palm Beach Lakes Blvd #216  
5.4 CITY-ST-ZIP  
West Palm Beach, FL 33409**

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

*Eric J. Fischer*

**4/15/98**

**561-640-6665**

CP2E037 (10/97)