

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755066 (8)

1. Corporation Name

THE SOUTHWEST FLORIDA CHAPTER OF THE AMERICAN SOCIETY OF CLU & CHFC, INC.

Principal Place of Business

PO BOX 2087
MARCO ISLAND FL 33969
US

Mailing Address

PO BOX 2087
MARCO ISLAND FL 33969
US



3. Date Incorporated or Qualified
11/10/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 500 5TH AVE S.

26 500 5TH AVE S.

4. FEI Number
59-2142316

Applied For
Not Applicable

22 Suite, Apt. #, etc.
511

27 Suite, Apt. #, etc.
511

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

23 City & State
NAPLES, FL

28 City & State
NAPLES, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33940-6614

25 Country
COLLIER

29 Zip
33940-6614

30 Country
COLLIER

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL J. SINCLAIR
870 BALD EAGLE DRIVE
MARCO ISLAND FL 33937

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 PD ☒ DELETE
NAME GRISSOM, CARL
STREET ADDRESS 8191 COLLEGE PARKWAY #303
CITY-ST-ZIP FT. MYERS FL

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

TITLE D ☒ DELETE
NAME SINCLAIR, MICHAEL
STREET ADDRESS 870 BALD EAGLE DRIVE
CITY-ST-ZIP MARCO ISLAND FL

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

TITLE STD ☐ DELETE
NAME WELTON, ROGER
STREET ADDRESS 4263 BAY BEACH LANE, APT. #114
CITY-ST-ZIP FT. MYERS FL

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

TITLE VPD ☐ DELETE
NAME BOSTIC, BRENDA U.
STREET ADDRESS 853 VANDERBILT BCH RD., #255
CITY-ST-ZIP NAPLES FL

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

TITLE VPD ☐ DELETE
NAME TAYLOR, JOSEPH W.
STREET ADDRESS P.O. BOX 378
CITY-ST-ZIP NAPLES, FL, 33939-0518

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

TITLE D ☐ DELETE
NAME KILBOURN, E. MICHAEL
STREET ADDRESS 3033 RIVERIA DR., #101
CITY-ST-ZIP NAPLES, FL, 33940

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Roger S. Welton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96

941-463-3192

Date

Daytime Phone

CR2E037 (12/95)