

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

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AND  
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**96 FEB -7 AM 10:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755573 (3)**

1. Corporation Name  
**SOUTH GULF COAST CHAPTER OF CAI, INC.**



Principal Place of Business <b>8192 COLLEGE PARKWAY, SUITE 17 FORT MYERS FL 33919</b>	Mailing Address <b>8192 COLLEGE PARKWAY, SUITE 17 FORT MYERS FL 33919</b>
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3. Date Incorporated or Qualified <b>12/16/1980</b>	3a. Date of Last Report <b>04/05/1995</b>
4. FEI Number <b>59-2124780</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>3540 AVOCAO DRIVE</b>	26 <b>POST OFFICE BOX 61447</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>FORT MYERS, FLORIDA</b>	28 <b>FORT MYERS, FLORIDA</b>
Zip	Zip
Country	Country
24 <b>33901</b>	25 <b>LEE</b>
29 <b>33906-1447</b>	30 <b>LEE</b>

9. Name and Address of Current Registered Agent

**BROWN, BABETTE D  
8192 COLLEGE PARKWAY, SUITE 17  
FT. MYERS FL 33119**

10. Name and Address of New Registered Agent

81 Name <b>JACQUELYN POLLOCK</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>3540 AVOCAO DRIVE</b>
84 City <b>FORT MYERS</b>
85 State <b>FL</b>
86 Zip Code <b>33901</b>

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 **JACQUELYN POLLOCK, EXECUTIVE DIRECTOR, Jacquelyn Pollock** **1-29-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MYERS, BARBARA PCAM</b>	
STREET ADDRESS	<b>892 COLLEGE PKWY</b>	
CITY- ST- ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>POLLOCK, JOHN CIR</b>	
STREET ADDRESS	<b>8192 COLLEGE PKWY #17</b>	
CITY- ST- ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BEATTLE, DEBRA</b>	
STREET ADDRESS	<b>8192 COLLEGE PKWY #17</b>	
CITY- ST- ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BROWN, BABETTE D</b>	
STREET ADDRESS	<b>8192 COLLEGE PARKWAY, SUITE 17</b>	
CITY- ST- ZIP	<b>FT. MYERS FL 33919</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BILLUPS, REG</b>	
STREET ADDRESS	<b>8192 COLLEGE PKWY #17</b>	
CITY- ST- ZIP	<b>FT. MYERS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>POLLOCK, JOHN, CJC</b>	
1.3 STREET ADDRESS	<b>13515 BELL TOWER DRIVE</b>	
1.4 CITY- ST- ZIP	<b>FORT MYERS, FL 33919</b>	
2.1 TITLE	<b>P/E</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>McGUIRE, CATHERINE</b>	
2.3 STREET ADDRESS	<b>301 TOWER ROAD</b>	
2.4 CITY- ST- ZIP	<b>BONITA SPRINGS, FL 33923</b>	
3.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>KRAUS, CHERYL R., FSG</b>	
3.3 STREET ADDRESS	<b>1100 FIFTH AVENUE S. #201</b>	
3.4 CITY- ST- ZIP	<b>NAPLES, FL 33940</b>	
4.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>WILLIAMS, HAROLD, CPA</b>	
4.3 STREET ADDRESS	<b>4828 GOLF CLUB COURT, #B-6</b>	
4.4 CITY- ST- ZIP	<b>NORTH FORT MYERS, FL 33903</b>	
5.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MURIN, JOHN</b>	
5.3 STREET ADDRESS	<b>12381 CLEVELAND AVE # 204</b>	
5.4 CITY- ST- ZIP	<b>FORT MYERS, FL 33907</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>BEATTIE, DEBRA</b>	
6.3 STREET ADDRESS	<b>12671 WHITEHALL DRIVE</b>	
6.4 CITY- ST- ZIP	<b>FORT MYERS, FL 33907-3626</b>	

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: **John M. Pollock** **John M. Pollock** **1/31/96** **(941) 337-4233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)