

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 # N00131 (5)

1. Corporation Name

DAYTONA BEACH CHAPTER OF THE AMERICAN SOCIETY OF
CLU & CHFC, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1144, N/A
ORMOND BEACH FL 32175
US

P.O. BOX 1144
ORMOND BEACH FL 32175
US

3. Date Incorporated or Qualified
12/02/1983

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2372737

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

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

TUMBLESON, J. DOYLE
CITY CENTER EAST
150 S. PALMETTO AVENUE
DAYTONA BEACH FL 32115

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME BERLIN, GARY
STREET ADDRESS 161 N. CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BEACH FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME MALAFRANTE, JOHN
1.3 STREET ADDRESS 2 WATERFRONT CT.
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VD ☐ DELETE
NAME MALAFRANTE, JOHN
STREET ADDRESS 1134 PELICAN BAY DRIVE
CITY-ST-ZIP DAYTONA BEACH FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME FISHER, JACK
2.3 STREET ADDRESS 770 W. GRANADA BLVD. #203
2.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE STD ☐ DELETE
NAME FISHER, JACK
STREET ADDRESS THE EQUITABLE, 770 W. GRANADA BLVD
CITY-ST-ZIP ORMOND BEACH FL

3.1 TITLE STD ☒ Change ☐ Addition
3.2 NAME FISHER, JACK
3.3 STREET ADDRESS 770 W. GRANADA BLVD. #203
3.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE STD ☐ Change ☐ Addition
4.2 NAME STEWENS, CHARLES
4.3 STREET ADDRESS 2744 US-1 SOUTH
4.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK FISHER VP/STD

2-29-96
Date

904-673-4240
Daytime Phone #

CR2E037 (12/95)