FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 AM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01855 (8)

1. Corporation Name

THE TALLAHASSEE CHAPTER OF THE AMERICAN SOCIETY OF CLU & CHFC, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1148 TALLAHASSEE FL 32302	P.O. BOX 1148 TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2914216 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has equity for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

DUGGER, MICHAEL W.
205 SOUTH ADAMS STREET
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100001475561
05/04/95-01033-013
84 City FL 85 Zip Code
****130.00 ****130.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	D ☒ Change ☐ Addition
NAME	POTTS, AL	12 NAME	Frank James W.
STREET ADDRESS	1700 METROPOLITAN BLVD	13 STREET ADDRESS	1535 Killearn Center Blvd, Ste A-5
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Tallahassee, Fl. 32308
TITLE	PD	21 TITLE	SD ☒ Change ☐ Addition
NAME	DUELL, RON	22 NAME	Lentz, John
STREET ADDRESS	1632A METROPOLITAN CR	23 STREET ADDRESS	2908 Northmont Dr.
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	Tallahassee, Fl. 32303
TITLE	VD	31 TITLE	Vice President - V ☒ Change ☐ Addition
NAME	POPE, MELVIN L JR	32 NAME	James Campbell, II
STREET ADDRESS	625 N. ADAMS ST.	33 STREET ADDRESS	625 N. Adams St.
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	Tallahassee, Fl. 32301
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	FLEET, EDWIN S	42 NAME	Fleet, Edwin S.
STREET ADDRESS	2846B REMINGTON GREEN CIR	43 STREET ADDRESS	1535 Killearn Center Blvd., Suite A-5
CITY-ST-ZIP	TALLAHASSEE FL 32308	44 CITY-ST-ZIP	Tallahassee, Fl. 32308
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	MOORE, DAVID M	52 NAME	Carlson, Marvin W.
STREET ADDRESS	1545 RAYMOND DIEHL RD	53 STREET ADDRESS	1424 E. Millmont Dr.
CITY-ST-ZIP	TALLAHASSEE FL 32308	54 CITY-ST-ZIP	Tallahassee, Fl. 32312
TITLE	VD	61 TITLE	President - P ☒ Change ☐ Addition
NAME	CURRY, JOHN	62 NAME	Curry, John
STREET ADDRESS	2908 NORTHMONT DR.	63 STREET ADDRESS	2908 Northmont Dr.
CITY-ST-ZIP	TALLAHASSEE FL	64 CITY-ST-ZIP	Tallahassee, Fl. 32303 CH

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)(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: Edwin S. Fleet Edwin S. Fleet Treasurer 4/27/95 904-893-9535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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