

# 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 # **N01855** (8)

1. Corporation Name

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



Principal Place of Business

P.O. BOX 1148  
TALLAHASSEE FL 32302

Mailing Address

P.O. BOX 1148  
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified  
**03/08/1984**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUGGER, MICHAEL W.  
205 SOUTH ADAMS STREET  
TALLAHASSEE FL**

81

Name

**Edwin S. Fleet**

82

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

**1535 Killearn Center Blvd.**

83

**Suite A-5**

84

City

**Tallahassee**

FL

85

Zip Code

**32308**

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

*Edwin S. Fleet*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-15-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANK, JAMES W</b>	
STREET ADDRESS	<b>1535 KILLEARN CENTER BLVD. STE. A-5</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LENTZ, JOHN</b>	
STREET ADDRESS	<b>2908 NORTHMONT DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAMPBELL, JAMES IV</b>	
STREET ADDRESS	<b>625 N. ADAMS ST.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>FLEET, EDWIN S</b>	
STREET ADDRESS	<b>1535 KILLEARN CENTER BLVD. STE. A-5</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARLSON, MARVIN W</b>	
STREET ADDRESS	<b>1424 E. PEIDMONT DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CURRY, JOHN</b>	
STREET ADDRESS	<b>2908 NORTHMONT DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Long, Mike</b>	
1.3 STREET ADDRESS	<b>625 N. Adams St.</b>	
1.4 CITY-ST-ZIP	<b>Tallahassee, Fl. 32301</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Lentz, John</b>	
2.3 STREET ADDRESS	<b>2908 Northmont Dr.</b>	
2.4 CITY-ST-ZIP	<b>Tallahassee, Fl. 32303</b>	
3.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Campbell, James IV</b>	
3.3 STREET ADDRESS	<b>625 N. Adams St.</b>	
3.4 CITY-ST-ZIP	<b>Tallahassee, Fl. 32301</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Curry, John</b>	
4.3 STREET ADDRESS	<b>2908 Northmont Dr.</b>	
4.4 CITY-ST-ZIP	<b>Tallahassee, Fl. 32303</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Edwards, Gary</b>	
5.3 STREET ADDRESS	<b>1300 Metropolitan Blvd, Ste 200</b>	
5.4 CITY-ST-ZIP	<b>Tallahassee, Fl. 32308</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Toole, Giles C., Jr.</b>	
6.3 STREET ADDRESS	<b>232 E. 5th Ave</b>	
6.4 CITY-ST-ZIP	<b>Tallahassee, Fl. 32303</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:

*Edwin S. Fleet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-96 904-893-9535**

Date Daytime Phone #

CR2E037 (12/95)