

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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

Mailing Address

P.O. BOX 1148  
TALLAHASSEE FL 32302

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TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1984

3a. Date of Last Report

03/25/1996

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

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEET, EDWIN S.  
1535 KILLEARN CENTER BLVD  
STE A-5  
TALLAHASSEE FL 32308

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 D ☐ DELETE

NAME FRANK, JAMES W  
STREET ADDRESS 1535 KILLEARN CENTER BLVD. STE. A-5  
CITY-ST-ZIP TALLAHASSEE FL 32308

1.1 TITLE SD ☐ Change ☒ Addition

1.2 NAME Pete Tyche  
1.3 STREET ADDRESS 2908 Northmont Dr.  
1.4 CITY-ST-ZIP Tallahassee, FL 32303

TITLE V ☐ DELETE

NAME LENTZ, JOHN  
STREET ADDRESS 2908 NORTHMONT DR.  
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME Lentz, John  
2.3 STREET ADDRESS 2908 Northmont Dr.  
2.4 CITY-ST-ZIP Tallahassee, FL 32303

TITLE P ☒ DELETE

NAME CAMPBELL, JAMES IV  
STREET ADDRESS 625 N. ADAMS ST.  
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME Long, Mike  
3.3 STREET ADDRESS 2908 Northmont Dr.  
3.4 CITY-ST-ZIP Tallahassee, FL 32303

TITLE TD ☐ DELETE

NAME FLEET, EDWIN S  
STREET ADDRESS 1535 KILLEARN CENTER BLVD. STE. A-5  
CITY-ST-ZIP TALLAHASSEE FL 32308

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Curry, John  
4.3 STREET ADDRESS 2908 Northmont Dr.  
4.4 CITY-ST-ZIP Tallahassee, FL 32303

TITLE D ☐ DELETE

NAME CARLSON, MARVIN W  
STREET ADDRESS 1424 E. PEIDMONT DR.  
CITY-ST-ZIP TALLAHASSEE FL 32312

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME TOOLE, GILES C. JR  
STREET ADDRESS 232 E 5TH AVE  
CITY-ST-ZIP TALLAHASSEE FL

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 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 SIGNATURE REQUIRED

CR2E037 (4/97)