

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

**FILED**

**Apr 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # NO1855 (8)**

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

Principal Place of Business <b>P.O. BOX 1148 TALLAHASSEE FL 32302</b>	Mailing Address <b>P.O. BOX 1148 TALLAHASSEE FL 32302</b>
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3. Date Incorporated or Qualified  
**03/08/1984**

4. FEI Number <b>59-2914216</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</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 \_\_\_\_\_ 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRANK, JAMES W</b>	1.2 NAME	<b>VD Michael Long</b>
STREET ADDRESS	<b>1535 KILLEARN CENTER BLVD. STE. A-5</b>	1.3 STREET ADDRESS	<b>2908 Northmont Dr.</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32308</b>	1.4 CITY - ST - ZIP	<b>Tallahassee, FL 32303</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LENTZ, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>2908 NORTHMONT DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TYCHSEN, PETE</b>	3.2 NAME	
STREET ADDRESS	<b>2908 NORTHMONT DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEET, EDWIN S</b>	4.2 NAME	
STREET ADDRESS	<b>1535 KILLEARN CENTER BLVD. STE. A-5</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32308</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLSON, MARVIN W</b>	5.2 NAME	
STREET ADDRESS	<b>1424 E. PEIDMONT DR.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOOLE, GILES C. JR</b>	6.2 NAME	
STREET ADDRESS	<b>232 E 5TH AVE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	6.4 CITY - ST - ZIP	

14. I 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: *Edwin S. Fleet*, Edwin S. Fleet, Treasurer **4/16/98**

**850-895-5997**

CR2E037 (10/97)