

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90105 037 ****61.25

DOCUMENT # N01855

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/08/1984

4. FEI Number
59-2914216

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

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

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

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

TITLE **P** ☐ DELETE
NAME **LENTZ, JOHN**
STREET ADDRESS **2908 NORTHMONT DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SD** ☐ DELETE
NAME **TYCHSEN, PETE**
STREET ADDRESS **2908 NORTHMONT DR**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **D** ☒ DELETE
NAME **CARLSON, MARVIN W**
STREET ADDRESS **1424 E. PEIDMONT DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition
1.2 NAME **Michael Long**
1.3 STREET ADDRESS **2908 Northpoint Dr.**
1.4 CITY-ST-ZIP **Tallahassee, FL 32303-2880**

2.1 TITLE **Director - Past Pres.** ☒ Change ☐ Addition
2.2 NAME **John Lentz**
2.3 STREET ADDRESS **2908 Northpoint Dr.**
2.4 CITY-ST-ZIP **Tallahassee, FL 32303-2880**

3.1 TITLE **Vice-Pres./Director** ☒ Change ☐ Addition
3.2 NAME **Pete Tychsen**
3.3 STREET ADDRESS **2908 Northpoint Dr.**
3.4 CITY-ST-ZIP **Tallahassee, FL 32303-2880**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **Secretary/Director** ☐ Change ☒ Addition
5.2 NAME **Travis S. Barnes**
5.3 STREET ADDRESS **P.O. Box 14099**
5.4 CITY-ST-ZIP **Tallahassee, FL 32317**

6.1 TITLE **Director** ☐ Change ☒ Addition
6.2 NAME **Ronald E. Duell**
6.3 STREET ADDRESS **3360 Capital Cir. N.E., Ste E**
6.4 CITY-ST-ZIP **Tallahassee, FL 32308**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 850-893-5997
Date Daytime Phone #

CR2E037 (1/98)