

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE JAMES H. MOHR, JR. GOVERNOR JAMES H. MOHR, JR. GOVERNOR
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DOCUMENT # N24695 (1)
 Greater Florida Chapters, Inc. - CLMA

Principal Office of Business: **P O BOX 215 CRYSTAL RIVER FL 34423**
 Mailing Address: **P O BOX 215 CRYSTAL RIVER FL 34423**

2. Principal Office of Business	2a. Mailing Address
21. Subst. Agent # 1st	26. State Agent # 1st
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent
 BUPP, BONNIE
 1414 SOUTH KUHLE AVE.
 ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 02/05/1988	3a. Date of Last Report 05/01/1994
4. FIC Number 59-2887436	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Fee for an agent change and for a change of principal office ☐	\$5.00 May Be Added to Fees
7. Nonprofit with 501(c)(3) status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for damages for which it is liable under the Florida Statutes ☐ Yes ☐ No	

10. Name and Address of New Registered Agent

01. Name	05. Zip Code
02. Street Address (P.O. Box Number is Not Acceptable)	
03. City	
04. City	FL

11. Pursuant to the provisions of New Sections 607.0135 and 607.0136, Florida Statutes, the above named corporation certifies 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 this appointment as registered agent. I am familiar with and accept the obligations of a registered agent in Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. AGENTS	
NAME	P KAMLESH, OZA 13010 S W 111 AVE MIAMI FL	NAME	☐ Change ☐ Addition
STREET ADDRESS	D BILELLO, JOHN 1350 13TH AVE S JACKSONVILLE FL	NAME	☐ Change ☐ Addition
CITY & STATE	VP EMMONS, KITTY 8900 N KENDALL DR MIAMI FL	NAME	☐ Change ☐ Addition
NAME	S SABOL, JOYCE 2201 45TH STREET WEST PALM BEACH FL	NAME	☐ Change ☐ Addition
STREET ADDRESS	D BRUNNER, JOYCE 3933 APPLGATE CIRCLE BRANDON FL	NAME	☐ Change ☐ Addition
CITY & STATE	T MCELVEY, HUGH 6831 W DUMAINE LANE DUNNELLON FL	NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and does not specify for the exceptions stated in the Florida Statutes. I further certify that the information supplied 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 manager or business agent of the corporation, or the registered agent, or the registered agent of the corporation, and that my signature appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:  4/28/95 904-795-0458