FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**	(seal)	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N24695   (1)

1. Corporation Name

GREATER FLORIDA CHAPTERS, INC. - CLMA

Principal Place of Business	Mailing Address
P O BOX 215 CRYSTAL RIVER FL 34423	P O BOX 215 CRYSTAL RIVER FL 34423

3. Date Incorporated or Qualified
02/05/1988

4. FEI Number **59-2887436**	Applied For
	Not Applicable

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

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	10. Name and Address of New Registered Agent
BUPP, BONNIE 1414 SOUTH KUHL AVE. ORLANDO FL 32806	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City — FL 65 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 **P** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **KAMLESH, OZA**		1.2 NAME	
STREET ADDRESS **13010 S W 111 AVE**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		1.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **BILELLO, JOHN**		2.2 NAME	
STREET ADDRESS **1350 13TH AVE S**		2.3 STREET ADDRESS	
CITY-ST-ZIP **JACKSONVILLE FL**		2.4 CITY-ST-ZIP	
TITLE **VP** ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME **EMMONS, KITTY**		3.2 NAME	
STREET ADDRESS **8900 N KENDALL DR**		3.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		3.4 CITY-ST-ZIP	
TITLE **S** ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME **SABOL, JOYCE**		4.2 NAME	
STREET ADDRESS **2201 45TH STREET**		4.3 STREET ADDRESS	
CITY-ST-ZIP **WEST PALM BEACH FL**		4.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME **BRUNNER, JOYCE**		5.2 NAME	
STREET ADDRESS **3933 APPLEGATE CIRCLE**		5.3 STREET ADDRESS	
CITY-ST-ZIP **BRANDON FL**		5.4 CITY-ST-ZIP	
TITLE **T** ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME **MCELVEY, HUGH**		6.2 NAME	
STREET ADDRESS **6631 W DUMAINE LANE**		6.3 STREET ADDRESS	
CITY-ST-ZIP **DUNNELLON FL**		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.

CR2E037 (10/97)