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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35665 (1)

1. Corporation Name

THE SUNCOAST CHAPTER OF THE AMERICAN SOCIETY OF CLU & CHFC, INC.

Principal Place of Business	Mailing Address
P.O. BOX 60231 ST. PETERSBURG FL 33784	P.O. BOX 60231 ST. PETERSBURG FL 33784

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1989
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2977826 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

NELMS, W. SCOTT
4853 34TH STREET S.
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name: Lawrence R. Horden
82 Street Address (P.O. Box Number is Not Acceptable): 14461 Walsingham Road
83 Largo, FL 34644-3332
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lawrence R Horden — Lawrence R. Horden, Treasurer — 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	TD	1.1 TITLE	Treasurer	XX Change ☐ Addition
NAME	NELMS, W. SCOTT	1.2 NAME	Lawrence R. Horden	
STREET ADDRESS	4853 34TH STREET S.	1.3 STREET ADDRESS	14461 Walsingham Road	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Largo, FL 34644-3332	
TITLE	S	2.1 TITLE	Director	XX Change ☐ Addition
NAME	CERWIN III, GEORGE F.	2.2 NAME		
STREET ADDRESS	2653 MCCORMICK DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE	President	XX Change ☐ Addition
NAME	HASKELL, BRUCE V.	3.2 NAME		
STREET ADDRESS	100 2ND AVENUE S. #300NT	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	Secretary	XX Change ☐ Addition
NAME	CLANCEY, WILLIAM G.	4.2 NAME	Gary L. Dzuibek	
STREET ADDRESS	50 DALE PLACE	4.3 STREET ADDRESS	8424 4th Street N, #P	
CITY-ST-ZIP	OLDSMAR FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33702-3614	
TITLE	D	5.1 TITLE	Director	XX Change ☐ Addition
NAME	LAKE, FRANK J	5.2 NAME	George N. Alexiou	
STREET ADDRESS	7785 66TH ST N	5.3 STREET ADDRESS	2630 SR 590	
CITY-ST-ZIP	PINELLAS PARK FL	5.4 CITY-ST-ZIP	Clearwater, FL 34619-1106	
TITLE	D	6.1 TITLE	Director	XX Change ☐ Addition
NAME	LYONS, JOSEPH T.	6.2 NAME	Susan Valesky Wasserman	
STREET ADDRESS	1955 DREW STREET	6.3 STREET ADDRESS	4830 49th Street N.	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	St. Petersburg, FL 33709-3860	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Bruce V Haskell — Bruce V. Haskell — 813-823-3187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074100