

FILE NOW: FILING FEE IS \$61.25,

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



200001889782

-07/10/96--01073--008

\*\*\*\$1.25

3. Date Incorporated or Qualified  
12/15/1989

3a. Date of Last Report  
02/17/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HORDEN, LAWRENCE R.~~  
~~14461 WALSHINGHAM ROAD~~  
~~LARGO FL 34644~~

81

Name

JAMES GAGLIARDI

82

Street Address (P.O. Box Number is Not Acceptable)

1101 BELCHER RD #G

83

84

City

LARGO

FL

85

Zip Code

34641

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

*James Gagliardi*

JAMES GAGLIARDI

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

☐ DELETE

11 TITLE

☒ Change ☐ Addition

NAME

HORDEN, LAWRENCE R.

12 NAME

FRANKLIN ECKSTEIN

STREET ADDRESS

14461 WALSHINGHAM ROAD

13 STREET ADDRESS

PO BOX 5008

CITY - ST - ZIP

LARGO FL

14 CITY - ST - ZIP

CLEARWATER FL 34618

TITLE

☐ DELETE

21 TITLE

☒ Change ☐ Addition

NAME

CERWIN III, GEORGE F.

22 NAME

DAVID NEWMAN

STREET ADDRESS

2850 MCCORMICK DR.

23 STREET ADDRESS

1996 SPANISH PINES DR

CITY - ST - ZIP

CLEARWATER FL

24 CITY - ST - ZIP

PALM HARBOR FL 34683

TITLE

☐ DELETE

31 TITLE

☒ Change ☐ Addition

NAME

HASKELL, BRUCE V.

32 NAME

STANLEY CROOKS

STREET ADDRESS

100 2ND AVENUE S. #3001

33 STREET ADDRESS

3607 4th ST N # 090

CITY - ST - ZIP

ST. PETERSBURG FL

34 CITY - ST - ZIP

ST PETERSBURG FL 03704

TITLE

☐ DELETE

41 TITLE

☒ Change ☐ Addition

NAME

DZUBEK, GARY L.

42 NAME

JAMES GAGLIARDI

STREET ADDRESS

8424 4TH STREET N. #P

43 STREET ADDRESS

1101 BELCHER RD #G

CITY - ST - ZIP

ST PETERSBURG FL

44 CITY - ST - ZIP

LARGO FL 34641

TITLE

☐ DELETE

51 TITLE

☒ Change ☐ Addition

NAME

ALEXOU, GEORGE N.

52 NAME

SECRETARY

STREET ADDRESS

2830 SR 590

53 STREET ADDRESS

PLANETARY

CITY - ST - ZIP

CLEARWATER FL

54 CITY - ST - ZIP

8668 PARK BLVD

TITLE

☐ DELETE

61 TITLE

☒ Change ☐ Addition

NAME

WASSERMAN, SUSAN VALESKY

62 NAME

WAYNE WHIDBY

STREET ADDRESS

4830 49TH STREET N.

63 STREET ADDRESS

880 EXECUTIVE CENTER DR W #100

CITY - ST - ZIP

ST PETERSBURG FL

64 CITY - ST - ZIP

ST PETERSBURG FL 33702

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)(k), 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: *James Gagliardi*

JAMES GAGLIARDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

819-525-4604

05/10/96

CR2E037 (12/95)