

# 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 # N48885 (0)**

1. Corporation Name

**THE GAINESVILLE CHAPTER OF THE AMERICAN SOCIETY  
OF CLU & CHFC, INC.**



Principal Place of Business

Mailing Address

**2700-A NW 43RD STREET  
GAINESVILLE FL 32606**

**2700-A NW 43RD STREET  
GAINESVILLE FL 32606**

3. Date Incorporated or Qualified  
**05/14/1992**

3a. Date of Last Report  
**01/20/1995**

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

4. FEI Number

**NOT APPLICABLE**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLINGER, WILLIAM D  
2700-A NW 43RD STREET  
GAINESVILLE FL 32606**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **LERNER, KEITH**  
STREET ADDRESS **(N/A) P.O. BOX 1247**  
CITY-ST-ZIP **GAINESVILLE FL**

11 TITLE **P D** ☐ Change ☒ Addition  
12 NAME **JAMES M. DONOHUE, JR**  
13 STREET ADDRESS **3300 SW WILLISTON AVE**  
14 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **PD** ☐ DELETE  
NAME **RECTOR, JOAN**  
STREET ADDRESS **3442 SE LAKE WEIR AV, STE A**  
CITY-ST-ZIP **OCALA FL**

21 TITLE **D** ☐ Change ☒ Addition  
22 NAME **JOSEPH E. LOWAY**  
23 STREET ADDRESS **408 W. UNIV. AVE STE 308**  
24 CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **TD** ☐ DELETE  
NAME **OLINGER, WILLIAM D**  
STREET ADDRESS **2700-A N.W. 43RD ST.**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **DD** ☒ DELETE  
NAME **CLEMONS, CHARLES W SR**  
STREET ADDRESS **2700-A N.W. 43RD ST.**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BYRD, REEVES H JR**  
STREET ADDRESS **4232 N.W. 6TH ST., #2**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **JAMES E. SKILES**  
STREET ADDRESS **605 NE 1ST ST**  
CITY-ST-ZIP **GAINESVILLE, FL 32601**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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:

*William D. Olinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)