

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32606-7416**3. Date Incorporated or Qualified
05/14/19923a. Date of Last Report
06/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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 **PD** ☒ DELETE
NAME **JAMES M. DONOHUE, JR.**
STREET ADDRESS **3300 SW WILLISTON ROAD**
CITY - ST - ZIP **GAINESVILLE FL**1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Joseph E. Lowry**
1.3 STREET ADDRESS **408 W. University Ave., Suite 308**
1.4 CITY - ST - ZIP **Gainesville, FL 32601**TITLE **PD** ☒ DELETE
NAME **RECTOR, JOAN**
STREET ADDRESS **3442 SE LAKE WEIR AV, STE A**
CITY - ST - ZIP **OCALA FL**2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **Charlotte Sabback**
2.3 STREET ADDRESS **P.O. Box 112**
2.4 CITY - ST - ZIP **Cross City, FL 32628**TITLE **TD** ☐ DELETE
NAME **OLINGER, WILLIAM D**
STREET ADDRESS **2700-A N.W. 43RD ST.**
CITY - ST - ZIP **GAINESVILLE FL 32606**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE **D** ☒ DELETE
NAME **JOSEPH E. LOWRY**
STREET ADDRESS **408 W. UNIV. AVE., SUITE 308**
CITY - ST - ZIP **GAINESVILLE FL**4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Jane B. Fontaine**
4.3 STREET ADDRESS **1111 NE 25th Ave., Suite 402**
4.4 CITY - ST - ZIP **Ocala, FL 34470-5668**TITLE **D** ☒ DELETE
NAME **BYRD, REEVES H JR**
STREET ADDRESS **4232 N.W. 8TH ST., #2**
CITY - ST - ZIP **GAINESVILLE FL 32609**5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **James M. Donohoe, Jr.**
5.3 STREET ADDRESS **20 S. Main Street**
5.4 CITY - ST - ZIP **Gainesville, FL 32601-6215**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Joan Rector**
6.3 STREET ADDRESS **1702 NE 2nd Street**
6.4 CITY - ST - ZIP **Ocala, FL 34470-6961**

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph E. Lowry 4/22/97

Date

Daytime Phone # **0010072**

CR2E037 (9/96)