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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48885** (0)
1. Corporation Name
**THE GAINESVILLE CHAPTER OF THE AMERICAN SOCIETY
OF CLU & CHFC, INC.**

Principal Place of Business 2700-A NW 43RD STREET GAINESVILLE FL 32606	Mailing Address 2700-A NW 43RD STREET GAINESVILLE FL 32606
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3. Date Incorporated or Qualified
05/14/1992

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 SABBACK H 408 W UNIVERSITY AVE SUITE 308 GAINESVILLE FL	1.1 TITLE	PD Lowry, Joseph E. 408 W. University Ave., Ste 308 Gainesville, FL. 32608
NAME	VD SABBACK, CHARLOTTE P.O. BOX 112 CROSS CITY FL	1.2 NAME	VD SABBACK, Charlotte PO BOX 112 Cross City, FL. NA
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD OLINGER, WILLIAM D 2700-A N.W. 43RD ST. GAINESVILLE FL 32606	2.1 TITLE	
NAME	D FONTAINE, JANE B. 1111 NE 25TH AVE SUITE 402 OCALA FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D DONOHUE, JAMES M. 20 S MAIN STREET GAINESVILLE FL	3.1 TITLE	
NAME	D RECTOR, JOAN 1702 NE 2ND ST OCALA FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *William D. Olinger* 1/22/98 (353) 373-3337

CR2E037 (10/97)