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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90009 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Martin Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N48885			
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 32608		Mailing Address 2700-A NW 43RD STREET GAINESVILLE FL 32608	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Country 24 Zip		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Country 29 Zip		3. Date incorporated or Created 05/14/1982 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
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7. Name and Address of Current Registered Agent OLINGER, WILLIAM D 2700-A NW 43RD STREET GAINESVILLE FL 32608		10. Name and Address of Prior Registered Agent 81 Name 82 Street Address (P.O. Box Number is not acceptable) 83 84 City 85 State 86 Zip Code	
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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, as 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, hand or printed name of registered agent and fee payor (NOTE: Registered Agent signature required when changing)		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information provided on this annual report or supplementary 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 of this report, or in an attachment thereto, with all other filers empowered.

SIGNATURE: Charlotte Sabback
 CHARLOTTE SABBACK

4/28/99 352-498-588