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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N48923** **(9)**

1. Corporation Name
FLORIDA ADLERIAN SOCIETY, INC.

Principal Place of Business	Mailing Address
4023 N. ARMENIA #470 TAMPA FL 33607 US	4023 N. ARMENIA #470 TAMPA FL 33607 US

3. Date Incorporated or Qualified: 05/15/1992

4. FEI Number: 59-3142579 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 607 W. Horatio St.	26 607 W. Horatio St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Tampa, FL	28 Tampa, FL
24 Zip 33606 25 Country US	29 Zip 33607 30 Country US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EVANS, MONICA 9122 ROCKROSE DR. TAMPA FL 33647	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRIVATEER, CHUCK		1.2 NAME		
STREET ADDRESS	P.O. BOX 905 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33593		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GAINFORTH, RANDALL		2.2 NAME		
STREET ADDRESS	5616 OAKLAND DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KANE, DANIEL		3.2 NAME		
STREET ADDRESS	3301 SAN PEDRO STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ADLER, PAM		4.2 NAME		
STREET ADDRESS	3141 LAKE ELLEN DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, TIM		5.2 NAME		
STREET ADDRESS	9122 ROCKROSE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Daniel P. Kane 5/19/98 (813)835-8350