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FILED

Feb 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N50852 (5)**

1. Corporation Name

**WEST CENTRAL FLORIDA CHAPTER OF THE INSTITUTE OF  
BUSINESS APPRAISERS, INC.**

Principal Place of Business

Mailing Address

100-2ND AVE. S.  
#606  
ST. PETERSBURG FL 33701  
US100-2ND AVE. S.  
#606  
ST. PETERSBURG FL 33701-4383  
US3. Date Incorporated or Qualified  
**09/14/1992**3a. Date of Last Report  
**04/05/1996**4. FEI Number  
**59-3196234**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONG, SUSAN W.  
8910 N. DALE MABRY  
SUITE 15  
TAMPA FL 33614

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 ULRICH, DICK  
STREET ADDRESS 100-2ND AVE. S., #606  
CITY-ST-ZIP ST PETERSBURG FL 337101.1 TITLE *Pres Dir* ☐ Change ☒ Addition  
1.2 NAME SALVERSON, DAVID A.  
1.3 STREET ADDRESS 100-2nd Ave. S. #606  
1.4 CITY-ST-ZIP St. Petersburg, FL 33710TITLE TD ☐ DELETE  
NAME BURG, TODD  
STREET ADDRESS 100-2ND AVE. S. #606  
CITY-ST-ZIP ST. PETERSBURG FL 337102.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME MILLS, KATHY  
STREET ADDRESS 33 N. GARDEN AVE., #800  
CITY-ST-ZIP CLEARWATER FL 346153.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE VPD ☐ DELETE  
NAME MCNULTY, JAMES A  
STREET ADDRESS 400 ASHLEYDR. # 2875  
CITY-ST-ZIP TAMPA FL 336024.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)