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May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001802 (5)

1. Corporation Name

WEST CENTRAL FLORIDA CHAPTER, INSURANCE ACCOUNTING AND SYSTEMS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

360 CENTRAL AVENUE
ST. PETERSBURG FL 33701

360 CENTRAL AVENUE
ST. PETERSBURG FL 33701-3857



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

3. Date Incorporated or Qualified
04/03/1996

3a. Date of Last Report
N/A

4. FEI Number

☒ 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

SOUTHEY, ROBERT G
360 CENTRAL AVENUE
SUITE 1700
ST. PETERSBURG FL 33701

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 VD ☐ DELETE
NAME KING, KELLY K
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33701

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME WINGATE, MARTIN
STREET ADDRESS 102 SECOND AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Wingate, Martin
2.3 STREET ADDRESS 201 E. Kennedy Blvd., Suite 1200
2.4 CITY-ST-ZIP Tampa, FL 33602

TITLE TD ☐ DELETE
NAME VILA, CARLOS
STREET ADDRESS 3725 WEST GRACE ST.
CITY-ST-ZIP TAMPA FL 33607

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Vila, Carlos
3.3 STREET ADDRESS 100 Second Avenue South
3.4 CITY-ST-ZIP St. Petersburg, FL 33701

TITLE VD ☐ DELETE
NAME THOMAS, OLIVIA
STREET ADDRESS 2601 CATTLEMEN RD.
CITY-ST-ZIP SARASOTA FL 34232

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME MOFFITT, ERIC
STREET ADDRESS 5505 W. CYPRESS SUITE 300
CITY-ST-ZIP TAMPA FL 33607

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 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] King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-823-4000

Date Daytime Phone # 0049047

CR2E037 (9/96)