

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P29260** (7)
1. Corporation Name
AMERICAN ASSOCIATION FOR CONSUMER BENEFITS, INC.



Principal Place of Business Mailing Address
P.O. BOX 100279 P.O. BOX 100279
FORT WORTH TX 76185 FORT WORTH TX 76185

3. Date Incorporated or Qualified
05/04/1990
4. FEI Number **75-2287196** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$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
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **D LAVINE, DAVID M.**
STREET ADDRESS **3854 OVERTON PARK W**
CITY-ST-ZIP **FT WORTH TX**
TITLE ☐ DELETE
NAME **VD JOHNSON, JERRY K.**
STREET ADDRESS **4245 WHITFIELD**
CITY-ST-ZIP **FT WORTH TX**
TITLE ☐ DELETE
NAME **D KIRKMAN, WILLIAM L.**
STREET ADDRESS **2340 WINTON TERRACE W**
CITY-ST-ZIP **FT WORTH TX**
TITLE ☐ DELETE
NAME **ST BAYLOR, LINDA K.**
STREET ADDRESS **6513 MELWOOD #2131**
CITY-ST-ZIP **FORT WORTH TX**
TITLE ☐ DELETE
NAME **PD ALLEN S KENT**
STREET ADDRESS **3909 HULEN ST STE 400**
CITY-ST-ZIP **FORT WORTH TX**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3801 Hulen Street**
1.4 CITY-ST-ZIP **FT. Worth, TX 76107**
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3801 Hulen Street**
2.4 CITY-ST-ZIP **FT. Worth, TX 76107**
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **3801 Hulen Street**
3.4 CITY-ST-ZIP **FT. Worth, TX 76107**
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **3801 Hulen Street**
4.4 CITY-ST-ZIP **FT. Worth, TX 76107**
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **3801 Hulen Street**
5.4 CITY-ST-ZIP **FT. Worth, TX 76107**
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:  **01/14/98 (817) 737-6395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)