

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000008736

**Entity Name:** SOCIETY OF CHIEF APPRAISERS, INC.

**Current Principal Place of Business:**

518 NORTH TAMPA STREET, STE. 300  
TAMPA, FL 33602

**Current Mailing Address:**

518 NORTH TAMPA STREET, STE.300  
TAMPA, FL 33602 US

**FEI Number: 84-2788693**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HICKS, BRENDA D  
518 NORTH TAMPA STREET, STE.300  
TAMPA, FL 33602 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name HELLER, STEWART L  
Address 216 MALVERN AVENUE  
City-State-Zip: FULLERTON CA 92832

Title P  
Name HICKS, BRENDA D  
Address 518 NORTH TAMPA STREET, STE. 300  
City-State-Zip: TAMPA FL 33602

Title VP  
Name HELLER, BROOKE  
Address 7356 BEVERLY BLVD., APT. 15  
City-State-Zip: LOS ANGELES CA 90036

Title T  
Name GREER, EVERETT A  
Address 655 S. FLOWER STREET, STE. 355  
City-State-Zip: LOS ANGELES CA 90017

Title S  
Name LANDIS, ROBERT B  
Address 425 SOUTH WESLEY AVE., STE. 201  
City-State-Zip: OAK PARK IL 60302

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BRENDA DOHRING HICKS**

**OFFICER**

**03/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date