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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P03919** (8)

1. Corporation Name

WOODMEN OF THE WORLD AND/OR ASSURED LIFE ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

9777 S. YOSEMITE ST. #200
LITTLETON CO 80124
US

P.O. BOX 26600
HIGHLANDS RANCH CO 80163
US

3. Date Incorporated or Qualified
11/02/1984

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

21

2a. Mailing Address

26

P. O. Box 266000

4. FEI Number

84-0356870

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Highlands Ranch, CO

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fees Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24

25

Zip

Country

29

80163-6000

30

USA

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

**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301**

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

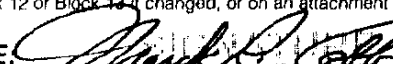
12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WIEDERSTEIN, JAMES D.	
STREET ADDRESS	1382 E NICHOLS AVE	
CITY-ST-ZIP	LITTLETON CO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IOKA, DENNIS S.	
STREET ADDRESS	6259 S. IOLA WAY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COBB, MARCK R.	
STREET ADDRESS	3258 E. PHILLIPS DR	
CITY-ST-ZIP	LITTLETON CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, TIMOTHY A.	
STREET ADDRESS	6692 W. FROST AVE.	
CITY-ST-ZIP	LITTLETON CO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, ISABEL	
STREET ADDRESS	3933 S. PEARL	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAUGHN, DALE R.	
STREET ADDRESS	3428 CHANTILLY CIRCLE	
CITY-ST-ZIP	RIVERSIDE CA	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sharon Louise Stewart	
1.3 STREET ADDRESS	1220 S.W. 181 St.	
1.4 CITY-ST-ZIP	Aloha, OR 97006	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Shirley Grace Johnson	
2.3 STREET ADDRESS	3202 Orando St.	
2.4 CITY-ST-ZIP	Torrance, Ca 92506	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barry Frank Edmonds	
3.3 STREET ADDRESS	15 Taylor Drive	
3.4 CITY-ST-ZIP	East Hampton, Ct 06424	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Marck R. Cobb, Treasurer** 2/25/97 303-792-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0080057

22E037 (9/96)