

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005713

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC0346498366**

**Entity Name:** GUARANTEED ASSET PROTECTION ALLIANCE, INC.

**Current Principal Place of Business:**

325 WEST COLLEGE AVENUE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 11247  
TALLAHASSEE, FL 32302 US

**FEI Number:** 20-4942020

**Certificate of Status Desired:** No

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

MEENAN, TIMOTHY J  
325 WEST COLLEGE AVENUE  
TALLAHASSEE, FL 32301 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 P  
Name KEEPERS, THOMAS  
Address 5710 MINERAL POINT RD  
City-State-Zip: MADISON WI 53701

Title T  
Name ROWAN, DAWN  
Address 1776 AMERICAN HERITAGE LIFE  
DRIVE  
City-State-Zip: JACKSONVILLE FL 32224-6688

Title VP  
Name CARVER, DUMKE  
Address 1 AMERICAN ROAD  
City-State-Zip: DEARBORN MI 48126

Title S  
Name SNYDER, DAVID  
Address 5215 NORTH O'CONNOR BLVD.,  
SUITE 1200  
City-State-Zip: IRVING TX 75039

*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:** THOMAS KEEPERS

**PRESIDENT**

**01/21/2015**

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

\_\_\_\_\_  
Date