

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90236 030 \*\*\*\*61.25

**DOCUMENT # 725373**

1. Entity Name  
**TALLAHASSEE ASSOCIATION OF LIFE UNDERWRITERS,  
INC.**



Principal Place of Business  
PO BOX 14035  
TALL, FL 32317 US

Mailing Address  
PO BOX 14035  
TALL, FL 32317 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-1783327

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, BONNIE  
1667 GOODWOOD DR  
TALLAHASSEE, FL 32308

Name **Rosalyn A. Smith**

Street Address (P.O. Box Number is Not Acceptable)

**1891 Easton Forest Drive**

City **Tallahassee**

FL

Zip Code  
**32317**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rosalyn A. Smith*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/26/04**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PE ☐ Delete  
NAME SMITH, WYNN  
STREET ADDRESS 2927 HABERSHAM DR  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE **Past President/Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Delete  
NAME KEITH, DAVID  
STREET ADDRESS 1660-7 N MONROE ST  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE **Treasurer / Director** ☐ Change ☒ Addition  
NAME **Alan R. Nall**  
STREET ADDRESS **2930 Capitol Medical Blvd**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE VPD ☐ Delete  
NAME BRADBERRY, EDMOND  
STREET ADDRESS 2908 NORTHMONT DR  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE **President / Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE IPP ☒ Delete  
NAME COLSON, W.M. 'MACK'  
STREET ADDRESS 3840 N. MONROE ST. -STE 103  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE IPP ☒ Delete  
NAME MUSGROVE, SALLY E  
STREET ADDRESS 2910 KERRY FOREST PKWY -STE D2  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE **President Elect / Director** ☐ Change ☒ Addition  
NAME **Joseph F. Kikta**  
STREET ADDRESS **918 Abbiegail Drive**  
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE TD ☐ Delete  
NAME PARKS, GAYLA  
STREET ADDRESS 277 CAP CIR SW #11  
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE **Vice President / Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wynn Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04 850-544-1208**  
Date Daytime Phone #