

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1996 08:00 AM
Secretary of State

DOCUMENT # 726214 (0)
1. Corporation Name
JACKSONVILLE ASSOCIATION OF LIFE UNDERWRITERS, I NC.



Principal Place of Business Mailing Address
1914 BEACHWAY RD. STE 1-G JACKSONVILLE FL 32207

3. Date Incorporated or Qualified **04/24/1973** 3a. Date of Last Report **04/14/1995**
4. FEI Number **59-1890671** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KIRK, JAN N
1914 BEACHWAY RD., SUITE 1-G
JACKSONVILLE FL 32207-9352

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

Signature typed or printed below of registered agent and title of application.

Signature typed or printed below of registered agent and title of application.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	NEW, EDGAR T.	841 PRUDENTIAL DR STE 1501	JACKSONVILLE FL	<input type="checkbox"/>
V	TISON, ROBERT W.	7960 ARLINGTON EXPRESSWAY	JACKSONVILLE FL	<input type="checkbox"/>
V	ADAMS, DENNIS P.	8130 BAYMEADOWS WAY W #100	JACKSONVILLE FL	<input type="checkbox"/>
ST	RORICK, WILLIAM F.	1530 KINGSLEY AVE	ORANGE PARK FL	<input type="checkbox"/>
D	DYSON, MARVIN	3707 HERMITAGE RD E	JACKSONVILLE FL	<input type="checkbox"/>
D	TREDNICK, JOANN	4215 SOUTHPPOINT BLVD.	JACKSONVILLE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	Robert W. Tison	7820 Arlington Expwy #140	JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/>
V	WILLIAM F. RORICK	1530 Kingsley Ave	ORANGE PARK, FL 32073	<input checked="" type="checkbox"/>
V	JOHN MARTIN	9471 Baymeadows Rd Ste 205-B	JACKSONVILLE, FL 32256-7932	<input checked="" type="checkbox"/>
ST	KARLA STEINMETZ	6803 GOLFVIEW ST	JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: W. F. Garfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 264-1467
Date Daytime Phone #

CR2E037 (12/95)