

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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 | 1914 BEACHWAY RD., STE. 1-G JACKSONVILLE FL 32207-2352 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 04/24/1973 | 3a. Date of Last Report 04/19/1996 |
| 4. FEI Number 59-1890671 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Zip |
| 24 | 29 |
| Country | Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| |
|---|
| 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 | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERT W TISON | 1.2 NAME | |
| STREET ADDRESS | 7820 ARLINGTON EXPRESSWAY, #140 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 1.4 CITY - ST - ZIP | |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAM F RORICK | 2.2 NAME | John H. Martin |
| STREET ADDRESS | 1530 KINGSLEY AVE | 2.3 STREET ADDRESS | 9471 Baymeadows Rd Ste 205B |
| CITY - ST - ZIP | ORANGE PARK FL | 2.4 CITY - ST - ZIP | Jacksonville, FL 32256-7932 |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHN MARTIN | 3.2 NAME | Karla Steinmetz |
| STREET ADDRESS | 9471 BAYMEADOWS ROAD, SUITE 205-B | 3.3 STREET ADDRESS | 6803 Golfview St |
| CITY - ST - ZIP | JACKSONVILLE FL | 3.4 CITY - ST - ZIP | Jacksonville, FL |
| TITLE | ST <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KARLA STEINMETZ | 4.2 NAME | Gary L. Webster |
| STREET ADDRESS | 6803 GOLFVIEW ST | 4.3 STREET ADDRESS | P O Box 32457 |
| CITY - ST - ZIP | JACKSONVILLE FL | 4.4 CITY - ST - ZIP | Jacksonville, FL 32237 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DYSON, MARVIN | 5.2 NAME | |
| STREET ADDRESS | 3707 HERMITAGE RD E | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 5.4 CITY - ST - ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TREDNICK, JOANN | 6.2 NAME | Michael Halloran |
| STREET ADDRESS | 4215 SOUTHPOINT BLVD. | 6.3 STREET ADDRESS | 111 Riverside Avenue Ste 210 |
| CITY - ST - ZIP | JACKSONVILLE FL | 6.4 CITY - ST - ZIP | Jacksonville, FL 32202-4928 |

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:

Gary L. Webster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0004928

CR2E037 (9/96)