

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90035 036 ****61.25

DOCUMENT # 726214

1. Corporation Name

**JACKSONVILLE ASSOCIATION OF LIFE UNDERWRITERS, I
NC.**

Principal Place of Business

1914 BEACHWAY RD. STE. 1-G
JACKSONVILLE FL 32207

Mailing Address

1914 BEACHWAY RD. STE. 1-G
JACKSONVILLE FL 32207

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/24/1973	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1890671	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 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	V <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMETZ, KARLA	1.2 NAME	
STREET ADDRESS	6803 GOLFVIEW STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	1.4 CITY-STATE-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, JOHN H.	2.2 NAME	Webster, Gary L.
STREET ADDRESS	9471 BAYMOEADOWS RD STE 205B	2.3 STREET ADDRESS	3890 Fairbanks Forrest Dr
CITY-STATE-ZIP	JACKSONVILLE BCH FL	2.4 CITY-STATE-ZIP	Jacksonville, FL 32223
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANCASTER, VIRGIL G. III	3.2 NAME	Barrett, Cherri
STREET ADDRESS	111 RIVERSIDE AVE STE 210	3.3 STREET ADDRESS	12020 Winstead Rd
CITY-STATE-ZIP	JACKSONVILLE FL 32202	3.4 CITY-STATE-ZIP	Jacksonville, FL 32220
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATCHER, MARCUS D.	4.2 NAME	Halloran, Michael
STREET ADDRESS	12808 MURFIELD BLVD N.	4.3 STREET ADDRESS	111 Riverside Ave #210
CITY-STATE-ZIP	JACKSONVILLE FL 32225	4.4 CITY-STATE-ZIP	Jacksonville, FL 32202-4928
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWSTER, JAMES E.	5.2 NAME	
STREET ADDRESS	3535 ST JOHNS BLUFF ROAD S	5.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL 32224	5.4 CITY-STATE-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALLORAN	6.2 NAME	Burkett, James L.
STREET ADDRESS	111 RIVERSIDE AVE ST 210	6.3 STREET ADDRESS	6320-11A St Augustine Rd
CITY-STATE-ZIP	JACKSONVILLE FL	6.4 CITY-STATE-ZIP	Jacksonville, FL 32217

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date914/866-7158
Daytime Phone #

CR2E037 (11/98)