SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $225)

NONPROFIT CORPORATION ANNUAL REPORT

1995 8-4-95 B-80018

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:43

DOCUMENT # 730930 (5)

1. Corporation Name

CLEARWATER ASSOCIATION OF LIFE UNDERWRITERS, INC

Principal Place of Business	Mailing Address
405 S DUNCAN AVE CLEARWATER FL 34617	P.O. BOX 62 CLEARWATER FL 34617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1974
3a. Date of Last Report: 01/11/1994
4. FEI Number: 59-2453015 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHEPARD, GARY C.
405 S. DUNCAN AVENUE
CLEARWATER FL 34615

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~SD~~ V/D	1.1 TITLE		☐ Change ☐ Addition
NAME	BARTKUS, CHRISTOPHER R	1.2 NAME		
STREET ADDRESS	615 S MISSOURI AVE #F	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP		
TITLE	~~P~~	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	~~MARTIN, JOSEPH~~	2.2 NAME	SCHARBER COLLEEN	
STREET ADDRESS	~~9410 SEMINOLE BLVD~~	2.3 STREET ADDRESS	13589 66th ST. N.	
CITY-ST-ZIP	~~SEMINOLE FL~~	2.4 CITY-ST-ZIP	LARGO, FL 34641	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SHEPARD, GARY	3.2 NAME		
STREET ADDRESS	405 S DUNCAN AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE	~~VD~~ D	4.1 TITLE		☐ Change ☐ Addition
NAME	WILEY, ANNE S.	4.2 NAME		
STREET ADDRESS	1444-C BELCHER ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	~~VD~~ P	5.1 TITLE		☒ Change ☐ Addition
NAME	SERRA, MARK C	5.2 NAME		
STREET ADDRESS	~~34650 US HWY 19 #200~~	5.3 STREET ADDRESS	600 BYPASS ~~Hwy~~ DR. STE 109	
CITY-ST-ZIP	~~PALM HARBOR FL~~	5.4 CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	TD	6.1 TITLE	T/D	☒ Change ☐ Addition
NAME	~~DIBELLO, JOE~~	6.2 NAME	NETTNIN, DALE	
STREET ADDRESS	~~077 EXECUTIVE CENTER DRIVE W., STE 111~~	6.3 STREET ADDRESS	615 S. MISSOURI AVE.	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	6.4 CITY-ST-ZIP	CLEARWATER, FL 34616	

CR2E037 (3/95)

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: _____ 8/1/95 (813) 445-1553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016313