FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Feb 03 1998 8:00am Secretary of State

DOCU 1. Corporation	MENT # 730930	(5)		
CLEARWATER ASSOCIATION OF LIFE UNDERWRITERS, INC				
Principal Place of Business Mailing Address				- I IDDAILE ERROR LEATH COILD LEIDH CEIRL ABH HIDII DEALL BIRLI BERLI BERLI BERLI BERLI BERLI BERLI BERLI BERLI
615 S MISSOURI AVE P.O. BOX 62				3. Date Incorporated or Qualified
SUITE F CLEARWATER FL 34617 CLEARWATER FL 33756				10/16/1974
US				4. FEI Number Applied For
2. Principal i	Place of Business	2a. Mailing Address		59-2453015 Not Applicable
21		26		5. Certificate of Status Desired \$8.75 Additional Fee Reguired
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 27 City & State City & State			Trust Fund Contribution	
23		28		7. Is this nonprofit corporation a homeowners association? Yes \(\subseteq \text{No} \)
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Current	29 Registered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
81 Name				
SHEPARD, GARY C.			82 Street	Address (P.O. Box Number is Not Acceptable)
615 S MISSOURI AVE				Tradition (1.0. Do. Hambol to Hot/Hoodplately)
Suite F Clearwater FL 33756			83	
OLLAIN	WATER 1 E 30/30		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 a	and title if applicable. (NOTE	: Registered Agent signatur	e required when reinstating) DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D BARTUIR CHRISTORIER R	☐ DELETE	1.1 TITLE	Change Addition
NAME STREET ADDRESS	BARTKUS, CHRISTOPHER R 615 S MISSOURI AVE #F		1.2 NAME	
CITY-ST-ZIP	CLEARWATER FL		1.3 STREET ADDRESS	
TITLE	SD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	S/B
NAME	-SCHARBER, COLLEEN-	7-4	2.2 NAME	TOUN CEAN A CHARLEY
STREET ADDRESS	-13589-66TH-ST-N-		2.3 STREET ADDRESS	TOWN SEND, DEMARCY 2002 N. LOIS AVE #400
CITY-ST-ZIP	-LARGO-FL		2. 4 CITY-ST-ZIP	TAMPA FL 33607 11 12
TITLE	D	DELETE	3.1 TITLE	Change Addition
NAME	SHEPARD, GARY		3.2 NAME	
STREET ADDRESS	615 S MISSOURI AVE STE F		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-ST-ZIP	
TITLE	TD WALTON IAV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WALTON, JAY 2032 PRINCETON AVE		4. 2 NAME	
STREET ADDRESS	DUNEDIN FL 34698	-	4.3 STREET ADDRESS	
CITY-ST-ZiP TITLE	D DONEDIN PL 34696	DELETE	4.4 CITY-ST-ZIP	Change X Addition
NAME	-SERRA, MARK C-	M secur	5.1 TITLE 5.2 NAME	LAKE, SCOTT E. Change X Addition
STREET ADDRESS	-600 BYPASS DR #109		5.2 NAME 5.3 STREET ADDRESS	615 S.MISSOURI AUE #A
CITY-ST-ZIP	GLEARWATER-FL		5.4 CITY-ST-ZIP	CLEARWATER FL 33756
TITLE	P	DELETE	6.1 TITLE	Change Addition
NAME	NETTNIN, DALE		6.2 NAME	
STREET ADDRESS	615 S MISSOURI AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	
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SIGNATURE:

813)461-1759