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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730930

1. Corporation Name

CLEARWATER ASSOCIATION OF LIFE UNDERWRITERS, INC

Principal Place of Business

615 S MISSOURI AVE
SUITE F
CLEARWATER FL 33756
US

Mailing Address

P.O. BOX 62
CLEARWATER FL 34617



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 615 S. Missouri Ave.

26

10/16/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 Suite A

27

59-2453015

Not Applicable

23 Clearwater FL

28 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 33756 25 US

29 30 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPARD, GARY C.
615 S MISSOURI AVE
SUITE F
CLEARWATER FL 33756

81 Name

Scott E. Lake

82 Street Address (P.O. Box Number is Not Acceptable)

615 S. Missouri Ave # A

83

84 City Clearwater

FL

85 Zip Code 33756

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

1/6/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BARTKUS, CHRISTOPHER R
STREET ADDRESS 615 S MISSOURI AVE #F
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME TOWNSEND, DEMARCY
STREET ADDRESS 2002 N LOIS AVE 400
CITY-ST-ZIP TAMPA FL 33607

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SHEPARD, GARY
STREET ADDRESS 615 S MISSOURI AVE STE F
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME WALTON, JAY
STREET ADDRESS 2032 PRINCETON AVE
CITY-ST-ZIP DUNEDIN FL 34698

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LAKE, SCOTT E
STREET ADDRESS 615 S MISSOURI AVE #1
CITY-ST-ZIP CLEARWATER FL 33756

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME NETTIN, DALE
STREET ADDRESS 615 S MISSOURI AVE
CITY-ST-ZIP CLEARWATER FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Date

Daytime Phone #

1/4/99

727 449 0729

CR2E037 (11/98)