

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 733054 (1)  
1. Corporation Name  
ST. PETERSBURG ASSOCIATION OF LIFE UNDERWRITERS



Principal Place of Business Mailing Address  
13535 FEATHER SOUND DRIVE  
SUITE 600  
CLEARWATER FL 34622  
P.O. BOX 11851  
ST. PETERSBURG FL 33733

3. Date Incorporated or Qualified 06/13/1975	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1420089	Applied For 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 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

FISCHER, JACQUELYN A.  
13535 FEATHER SOUND DRIVE  
SUITE 600  
CLEARWATER FL 34622

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	
TITLE	T VINCENT, FRANK A. <input checked="" type="checkbox"/> DELETE
NAME	251 CENTRAL AVE. #C
STREET ADDRESS	ST. PETERSBURG FL
CITY-ST-ZIP	
TITLE	PAST PRESIDENT <input type="checkbox"/> DELETE
NAME	JENNINGS, ROBERT L
STREET ADDRESS	200 MIRAMAR BOULEVARD, N.E.
CITY-ST-ZIP	ST. PETERSBURG FL 33704
TITLE	D PRES ELECT <input type="checkbox"/> DELETE
NAME	BISHOP, DOUGLAS E
STREET ADDRESS	2847 ULMERTON ROAD, #12
CITY-ST-ZIP	CLEARWATER FL
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	FINK, DIANA S
STREET ADDRESS	3015 46TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL 33714
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BAKER, CAROL
STREET ADDRESS	2763 1ST AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL 33713
TITLE	D <input type="checkbox"/> DELETE
NAME	LEWIS, GEORGE W.
STREET ADDRESS	1135 PASADENA AVE. SO.
CITY-ST-ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul Lightfoot
1.3 STREET ADDRESS	877 Executive Ctr Dr - Suite 111
1.4 CITY-ST-ZIP	St. Petersburg, FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Secretary
2.2 NAME	Catherine Shadwick
2.3 STREET ADDRESS	1224 9th Avenue North
2.4 CITY-ST-ZIP	St. Petersburg, FL 33703 <input type="checkbox"/> Addition
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lillian Classen
3.3 STREET ADDRESS	6798 Crosswinds Drive - #C201
3.4 CITY-ST-ZIP	St. Petersburg, FL 33710 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	000001857960
5.3 STREET ADDRESS	-06/11/96--01073--013
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Robert V. Torris
6.3 STREET ADDRESS	5999 Central Avenue - #400
6.4 CITY-ST-ZIP	St. Petersburg, FL 33710

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

813/525-2000

Date

Daytime Phone #

CR2E037 (12/95)