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FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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
7650 W COURTNEY STE 1000 CAUSEWAY TAMPA FL 33607 US
P.O. BOX 11851 ST. PETERSBURG FL 33733

3. Date Incorporated or Qualified
06/13/1975

4. FEI Number 59-1420089
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISCHER, JACQUELYN A.
7650 W COURTNEY CAMPBELL CAUSEWAY
STE 1000
TAMPA FL 33607

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

Jacquelyn A. Fischer
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME LIGHTFOOT, PAUL
STREET ADDRESS 877 EXECUTIVE CTR. DR. STE 111
CITY-ST-ZIP ST PETERSBURG FL 33702 ☐ DELETE

TITLE D
NAME MONTLARY, PATRICK
STREET ADDRESS 777 EXEC. CTR DR. W. - 111
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE P
NAME BISHOP, DOUGLAS E
STREET ADDRESS 2647 ULMERTON ROAD, #12
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE P
NAME FINK, DIANA S
STREET ADDRESS 3015 46TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33714 ☐ DELETE

TITLE D
NAME CLASSEN, LILLIAN
STREET ADDRESS 6798 CROSSWINDS DR. #C201
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ DELETE

TITLE D
NAME LEWIS, GEORGE W.
STREET ADDRESS 1135 PASADENA AVE. SO.
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

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

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

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

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

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

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

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.

SIGNATURE:

Jacquelyn A. Fischer

3-4-98

CR2E037 (10/97)