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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 733054

1. Corporation Name

ST. PETERSBURG ASSOCIATION OF LIFE UNDERWRITERS

Principal Place of Business

7650 W COURTNEY
STE 1000 CAUSEWAY
TAMPA FL 33607
US

Mailing Address

P.O. BOX 11851
ST. PETERSBURG FL 33733



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/13/1975

4. FEI Number

59-1420089

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

9. Name and Address of Current Registered Agent

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

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

Jacquelyn W. Fischer

04/12/99

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

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

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

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

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

TITLE D ☒ 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 P ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 18167 U.S. 19 North, Suite 240
1.4 CITY-ST-ZIP Clearwater, FL 33764

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME David H. Wilbanks
2.3 STREET ADDRESS 100 2nd Avenue South - #300 NT
2.4 CITY-ST-ZIP St. Petersburg, FL 33701

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

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

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

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME Chuck Hahn
6.3 STREET ADDRESS 28050 U.S. Highway 19 North, Suite 304
6.4 CITY-ST-ZIP Clearwater, FL 333761

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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

Daytime Phone #

CR2E037 (1/1/98)