

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 768095 (2)**  
1. Corporation Name  
**ST. LUCIE ASSOCIATION OF LIFE UNDERWRITERS, INC.**



Principal Place of Business  
**P.O. BOX 9158  
PORT ST. LUCIE FL 34985**

Mailing Address  
**P.O. BOX 9158  
PORT ST. LUCIE FL 34985**

3. Date Incorporated or Qualified  
**04/21/1983**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0014624**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

## 9. Name and Address of Current Registered Agent

**MARTIN, SHARYN  
3327 ORANGE AVE  
FT. PIERCE FL 34947**

## 10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**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	PD	<input type="checkbox"/> DELETE
NAME	POST, KATHERINE E	
STREET ADDRESS	8009 S. FEDERAL HWY.	
CITY - ST - ZIP	PORT ST. LUCIE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, O.E.	
STREET ADDRESS	800 VIRGINIA AVE.	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, MICHELLE	
STREET ADDRESS	900 VIRGINIA AVE.	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COYLE, CLARK	
STREET ADDRESS	131 N 2ND ST STE 228	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael Rice	
1.3 STREET ADDRESS	612 SW Bayshore Blvd	
1.4 CITY - ST - ZIP	Port St Lucie, FL 34983	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elizabeth Hamrick	
2.3 STREET ADDRESS	5234 Edwards Road	
2.4 CITY - ST - ZIP	Ft Pierce FL 34981-4419	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JACK DeHey	
3.3 STREET ADDRESS	2092 S.E. Griffen Ave	
3.4 CITY - ST - ZIP	PT. ST Lucie FL 34952-5824	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jim Carlisle	
4.3 STREET ADDRESS	2517 S. 17th St #206	
4.4 CITY - ST - ZIP	Ft. Pierce, FL 34982	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(k), 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

Date

Daytime Phone #

CR2E037 (12/95)