

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-08-2005 90032 048 ***150.00

DOCUMENT # F04000002834					
1. Entity Name SOUTHERN FINANCIAL LIFE INSURANCE COMPANY					
Principal Place of Business 516 LAKEVIEW RD, VILLA 2 CLEARWATER, FL 33756			Mailing Address 516 LAKEVIEW RD, VILLA 2 CLEARWATER, FL 33756		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2403689	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WAKELY, DAVID 516 LAKEVIEW RD, VILLA 2 CLEARWATER, FL 33756			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	WAKELY, DAVID N		NAME	STEVEN D. WAKELY	
STREET ADDRESS	516 LAKEVIEW RD, VILLA 2		STREET ADDRESS	516 LAKEVIEW RD, VILLA 2	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	VSD	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	MOULTON, GLENN F		NAME	VIRGINIA E. KARAGAS	
STREET ADDRESS	516 LAKEVIEW RD, VILLA 2		STREET ADDRESS	516 LAKEVIEW RD, VILLA 2	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	TC	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	WAKELY, DAVID N		NAME	JANE W. HERNKE	
STREET ADDRESS	516 LAKEVIEW RD, VILLA 2		STREET ADDRESS	516 LAKEVIEW RD, VILLA 2	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	D	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	WAKELY, FRANCES B		NAME	WAKELY, FRANCES B.	
STREET ADDRESS	516 LAKEVIEW RD, VILLA 2		STREET ADDRESS	516 LAKEVIEW RD, VILLA 2	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	MOULTON, NANETTE S		NAME	KATHRYN W. RYAN	
STREET ADDRESS	516 LAKEVIEW RD, VILLA 2		STREET ADDRESS	516 LAKEVIEW RD, VILLA 2	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	D	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	PIKE, SUSAN W		NAME	PIKE, SUSAN W	
STREET ADDRESS	516 LAKEVIEW RD, VILLA 2		STREET ADDRESS	516 LAKEVIEW RD, VILLA 2	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33756	
12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>David Wakely</i>		DAVID WAKELY		4/4/05 727-442-4084	
SIGNATURES AND TYPED OR PRINTED NAMES OF OFFICERS OR DIRECTORS		Date		Daytime Phone	

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