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Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90048 046 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L45347

1. Corporation Name

CHURCH INSURORS OF FLORIDA, INCORPORATED

Principal Place of Business

3713 DALE AVE.
TAMPA FL 33609

Mailing Address

3713 DALE AVE.
TAMPA FL 33609

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/26/1990

4. FEI Number

59-1638850

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARLESS, HUGH V.
3713 DALE AVE.
TAMPA FL 33609

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 607.0502 and 607.1508, 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 607.0505, 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 ☐ DELETE

NAME **DP**
HARLESS, HUGH V.
STREET ADDRESS **4924 BAY WAY PLACE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **DV**
HARLESS, CORA B.
STREET ADDRESS **4924 BAY WAY PLACE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **DP**
HARLESS, HUGH V.
STREET ADDRESS **4924 BAY WAY PLACE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **DP**
HARLESS, HUGH V.
STREET ADDRESS **4924 BAY WAY PLACE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **DP**
HARLESS, HUGH V.
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CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **DP**
HARLESS, HUGH V.
STREET ADDRESS **4924 BAY WAY PLACE**
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(88)877-5129

CR2E034 (11/98)