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Aug 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N 93000002808**
 1. Corporation Name
Life Underwriters Association of Gainesville

Principal Place of Business 2631-B NW 41st St. Gainesville, FL 32606	Mailing Address P.O. Box 147050 Gainesville, FL 32614
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3. Date Incorporated or Qualified 1992	3a. Date of Last Report 1996
4. FEI Number 59-2767926	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 2631-B NW 41st St. Suite, Apt. #, etc. 22 Gainesville, FL City & State 23 32606 Zip 24 32606 Country 25 Alachua	2a. Mailing Address 26 P.O. Box 147050 Suite, Apt. #, etc. 27 Gainesville, FL City & State 28 32614 Zip 29 32614 Country 30 Alachua
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9. Name and Address of Current Registered Agent
Richard J. Dewe
5200 NW 43rd St.
Gainesville, FL 32606

10. Name and Address of New Registered Agent 81 Name Jonathan E. Visscher 82 Street Address (P.O. Box Number is Not Acceptable) 2631-B NW 41st Street 83 84 City Gainesville FL 85 Zip Code 32606
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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 **Jonathan E. Visscher** **Jonathan E. Visscher Treasurer** **5/21/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	President Joseph E. Lowen 408 W. Univ. Ave #308, Gainesville, FL 32601
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President Sidney Martin Jr. 2246 NW 40th Terr. Gainesville, FL 32606
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Vice President James E. Skiles III P.O. Drawer 790 Gainesville, FL
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Jonathan E. Visscher 2631-B NW 41st St. Gainesville, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	National Comm. Heeman Howard M. Rosenblatt P.O. Box 1247 Gainesville, FL
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	National Comm. Heeman Howard M. Rosenblatt 2830 NW 41st St - 3 Gainesville, FL 32606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 do 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, changed or on an attachment with an address.

SIGNATURE: **[Signature]** **5/24/97** **(352) 338 1681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)