FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT

FILED

352-375- 7977

| 1. Corporation Name | | | | | | | | |
|---|---|---|---------------------------------|-------------------------------------|-----------------------------------|---|------------------------------|-------------------------|
| LIFE UNDERWRITERS OF GAINESVILLE, INC. | | | | | | | | |
| | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | - (88/108/ 888 18/88/ 18/10 88/11 88/11 88/11 88/11 8 | 9110 11001 10111 G | 10114 1014 1084 |
| 2631-B NW 41ST ST P.O. BOX 147050 | | | | | | Data transported as Overlifted | | |
| GAINESVILLE FL 32608 GAINESVILLE FL 32614 | | | | | | 3. Date Incorporated or Qualified | | |
| U\$ | | | | | | 06/16/1993 4. FEI Number | | pplied For |
| | | | | | | 59-2767926 | | ot Applicable |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | | Additional |
| 21 26 | | | | | | 5. Certificate of Status Desired | | equired |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc | Suite, Apt. #, etc. | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 22 | | 27 | <u> </u> | | | Trust Fund Contribution | Added to | o Fees |
| City & State | 9 | | City & State | | | 7. Is this nonprofit corporation a homeowne | | n? |
| 23 Zip | Country | | Zip Country | | | | I No | . 16-1- |
| 24 | 25 | 29 | 30 | шпоу | | This corporation owes or has paid the cu Personal Property Tax due June 30. | | No No |
| 24] | 9. Name and Address of Curre | | 1301 | т— | | 10. Name and Address of New Registered | | <u> </u> |
| | | | | 81 | Name | | | |
| VISSCHI | er, Jonathan e | | | 1 | A | (0.000 A) | | |
| 2631-B NW 41ST ST | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| GAINESVILLE FL 32606 | | | | B3 | | | | |
| | | | | 84 | City | | 85 Zip | Code |
| | | | | 1 1 | • | FL | . | |
| 11. Pursuant | to the provisions of Sections 617.05 | 02 and 617.1508, Florida S | tatutes, the a | bove | named corpo | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing in | ts registered |
| agent. I a | egistered agent, or both, in the Stati m familiar with, and accept the oblig | gations of, Section 617.050 | vas authorize 3. Florida Sta | itutes. | ine corporation. | on a board of directors. I hereby accept the app | JOHNHOU 85 | . IeDiste.en |
| SIGNATURE . | | | | | | | | |
| Signature, typed or printed name of registered agent and title it applicable. (NOTE | | | | Registered Agent alignature require | | | | |
| 12. | OFFICERS AND DIRECTORS PD | | 13. | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | Change | Addition |
| TITLE | LOWERY, JOSEPH E | | | | | | CHAIRE | L. Nodilión |
| NAME STREET ADDRESS | AND THE AMERICAN ALIES HAND | | | 1.2 NAME 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | , | | | | | | |
| TITLE | DV DELETE | | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | Change | Addition |
| NAME | MARTIN, SIDNEY J JR | | | 2.2 NAME | | | _ ' ' ' | _ |
| STREET ADDRESS | 2246 NW 40TH TERR. | | 2.3 STREET ADD | | ADDRESS | | | |
| CITY-S7-ZIP | GAINESVILLE FL 32606 | | | 2. 4 CITY-ST-ZIP | | | | |
| TITLE | DC | ☐ DELETE | 3.1 T | ITLE | | | Change | Addition |
| NAME | ROSENBLATT, HOWARD M | | 3.2 N | KAME | | | | |
| STREET ADDRESS | 2830 NW 41ST ST-J | | 3.3 S | TREET | ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | | | CITY-S | 7-ZIP | | | |
| TITLE | SD | ☐ DELETE | 4.11 | ITLE | ļ | | Change | Addition |
| NAME | VISSCHER, JONATHAN E | | | NAME | | | | |
| STREET ADDRESS | 2631-B NW 41ST ST | | | | ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | Decree | | ITY-ST | - ZIP | | 1 0 | Addiso |
| TITLE | VD | ☐ DELETE | | | | | L Change | Addition |
| NAME | SKILES, JAMES E III | EA) K | 5.2 N | | | | | |
| STREET ADDRESS | P.O. DRAWER 790 GAINESVILLE FL | A(N | | | ADDRESS | | | |
| CITY-ST-ZIP TITLE | GAINESVILLE FL | | | 5.4 CiTY-ST-ZIP 6.1 TITLE | | | Change | Addition |
| NAME | | - >11111 | 6.2 N | | | | - Tridings | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | | TR-YTK | | | | |
| 14. I hereby o | certify that the information supplied v | with this filing does not qua | lify for the ex | empt | ion stated in S | Section 119.07(3)(i), Florida Statutes. I further c | ertify that the | information |
| indicated officer or | on this annual report or supplement director of the corporation or the rec | tal annual report is true and ceiver or trustee empowere | i accurate an d to execute | nd tha this re | it my signature eport as requi | e shall have the same legal effect as if made ui ired by Chapter 617, Florida Statutes; and that | nder oath; the my name an | at I am an opears in |
| Block 12 | or Block 13 if change, or on at atte | achment with an address. | | _ • | | | , | |