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CORPORATION ANNUAL REPORT **1995**

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

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DOCUMENT # N94000004627 (5)

1. Corporation Name

THE TREASURE COAST ASSOCIATION OF LIFE UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3405 STUART FL 34995	P.O. BOX 3405 STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1994
3a. Date of Last Report:
4. FEI Number: 65-0416838 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MUNDINGER, ORRIE R
1744 SE ELKHART TERR
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	MUNDINGER, ORRIE R	1.2 NAME	Head, James M
STREET ADDRESS	1744 SE ELKHART TERR	1.3 STREET ADDRESS	P.O. Box 2286 N/A
CITY-ST-ZIP	PORT ST LUCIE FF L3495-2	1.4 CITY-ST-ZIP	Hobe Sound FL 33475-2286
TITLE	VD	2.1 TITLE	V D ☒ Change ☐ Addition
NAME	HEAD, JAMES M	2.2 NAME	Hovis, Karen H.
STREET ADDRESS	P.O. BOX 2286 N/A	2.3 STREET ADDRESS	907 Central Parkway
CITY-ST-ZIP	HOBE SOUND FL 33475-2286	2.4 CITY-ST-ZIP	Stuart FL 34994
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	JUNKER, SUE	3.2 NAME	Steadman, J.R.
STREET ADDRESS	5759 SE FEDERAL HWY	3.3 STREET ADDRESS	900 S. Federal Hwy. Ste 310
CITY-ST-ZIP	STUART FL 34997	3.4 CITY-ST-ZIP	Stuart FL 34994
TITLE	D	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	HOWE, LARRY	4.2 NAME	Walsh Kathleen J.
STREET ADDRESS	P.O. BOX 1647 N/A	4.3 STREET ADDRESS	P.O. Box 2770 N/A
CITY-ST-ZIP	FT PIERCE FL 34954	4.4 CITY-ST-ZIP	Stuart FL 34995
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	WHITE, DONALD	5.2 NAME	
STREET ADDRESS	P.O. BOX 2770 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34995	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	KRUGER, RUDDY	6.2 NAME	Junker Neil
STREET ADDRESS	5520 WOOD CREEK TR	6.3 STREET ADDRESS	5759 SE Federal Hwy
CITY-ST-ZIP	PALM CITY FL 34990	6.4 CITY-ST-ZIP	Stuart FL 34997

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Karen H. Hovis 2/11/95 407 223 4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #