

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
09/20/1994

3a. Date of Last Report  
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81

Name

KATHLEEN J. WALSH

82

Street Address (P.O. Box Number is Not Acceptable)

901 SE Monterey Commons Blvd

83

84

City

STUART

FL

85

Zip Code

34994

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

*Kathleen J. Walsh*  
Signature, typed or printed name of registered agent and title if applicable

KATHLEEN J. WALSH, President

2/1/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HEADM JAMES, M.	
STREET ADDRESS	P.O. BOX 2286 N/A	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOVIS, KAREN H	
STREET ADDRESS	907 CENTRAL PARKWAY	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEADMAN, J.R.	
STREET ADDRESS	900 S. FEDERAL HWY. STE 310	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, KATHLEEN J	
STREET ADDRESS	P.O. BOX 2770 N/A	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, DONALD	
STREET ADDRESS	P.O. BOX 2770 N/A	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JUNKER, NEIL	
STREET ADDRESS	5759 SE FEDERAL HWY	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KATHLEEN J. WALSH	
1.3 STREET ADDRESS	901 SE Monterey Commons Blvd	
1.4 CITY-ST-ZIP	STUART FL 34994	
2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRAD LARSEN	
2.3 STREET ADDRESS	220 AUSTRALIAN AVE. S. #1701	
2.4 CITY-ST-ZIP	W. PALM BEACH FL 33401	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TONY J. BALLEHA.	
4.3 STREET ADDRESS	227 SW Monterey Rd.	
4.4 CITY-ST-ZIP	STUART FL 34994	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CHARLES A. SAWICKI	
6.3 STREET ADDRESS	735 Colorado Ave #100	
6.4 CITY-ST-ZIP	STUART FL 34994	

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/1/96 407-283-6342

CR2E037 (12/95)