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# Jul 29, 1999 8:00 am
# Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

608100 - 90013 - 3

DOCUMENT # N94000004627

1. Corporation Name

THE TREASURE COAST ASSOCIATION OF LIFE UNDERWRITERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 3405<br>STUART FL 34995 | P.O. BOX 3405<br>STUART FL 34995 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>09/20/1994 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0416838 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

MALLOY HANKINS
210 W OCEAN BLVD
STUART FL 34994

**10. Name and Address of New Registered Agent**

81 Name: THOMAS R CARLUCCIO

82 Street Address (P.O. Box Number is Not Acceptable): 729 S Federal Hwy Suite 212

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: Thomas R Carluccio 7/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HANKINS, MALLOY<br>210 W OCEAN BLVD<br>STUART FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>PRES<br>THOMAS R. CARLUCCIO<br>729 S. FEDERAL HWY SUITE 212<br>STUART FL 34994 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LARSEN, BRAD<br>250 AUSTRALIAN AVENUE SOUTH #1701<br>WEST PALM BEACH FL | ☑ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | P<br>VICE PRES<br>ALFRED HOVIS PRES<br>907 CENTRAL PKY.<br>STUART, FL. 34994 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>TATE, ALDEN<br>1480 SE COLCHESTER CR<br>PORT ST LUCIE FL | ☑ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>TREAS.<br>TREASURER<br>WANDA C. GREGORY<br>2227 S. KANNER HWY<br>STUART, FL 34994 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HOVIS, KAREN<br>907 CENTRAL PKWY<br>STUART FL | ☑ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>SEC.<br>MOIRA POE<br>2160 NE DIXIE HWY<br>JENSEN BEACH FL 34957 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARLETTA, TONY<br>2881 SE OCEAN BLVD<br>STUART FL | ☑ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D<br>GREG MCKENZIE<br>969 S. FEDERAL HWY<br>STUART, FL 34994 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SAWICKI, CHARLES A.<br>735 COLORADO AVENUE #100<br>STUART FL | ☑ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (5/99)

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 617, 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:** Thomas R Carluccio PRES 7/22/99 561-220-3168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #