2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# P09000063499

Entity Name: NATIONAL LIFE INSURANCE AGENTS ASSOCIATION, INC

Current Principal Place of Business:

7855 ARGYLE FOREST BLVD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

7855 ARGYLE FOREST BLVD
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 27-0669553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, GUY N
397 S MARION AVE
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MCCOY, BRANDON R
Address: 7855 ARGYLE FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP
Name: MCCOY, GARY R
Address: 9905 NW 18TH DRIVE
City-St-Zip: JASPER, FL 32052

Title: SEC
Name: POYNTON, TODD
Address: 1700 HOLLOW GLEN DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRANDON R MCCOY P 04/20/2011

Electronic Signature of Signing Officer or Director Date