

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000071645**

1. Entity Name  
FFVA MUTUAL INSURANCE CO.



Principal Place of Business

800 TRAFALGAR CT  
SUITE 200  
MAITLAND, FL 32751 US

Mailing Address

PO BOX 948239  
MAITLAND, FL 32794 US



04072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-6828087

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAIR, ALAN E.  
4500 LAKE GEM CIRCLE  
ORLANDO, FL 32806

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000897765  
04/25/08-80061-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	JOHNS, JR., FRANK C
STREET ADDRESS	6245 CR 13 SOUTH
CITY-ST-ZIP	HASTINGS, FL 32145
TITLE	VC
NAME	DUNSON, LESLIE III
STREET ADDRESS	400 EAGLE LOOP ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	MENZL, CRAIG
STREET ADDRESS	2241 PEACH LEAF COURT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	ST
NAME	HAIR, ALAN E
STREET ADDRESS	4500 LAKE GEM CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	HARLEE, JR., PETER S.
STREET ADDRESS	1803 21ST STREET WEST
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D
NAME	STUART, MICHAEL J.
STREET ADDRESS	4870 RED BRICK RUN
CITY-ST-ZIP	SANFORD, FL 32771

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Alan E. Hair* 4/11/08 (321) 214-5200