

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000026341

**Entity Name:** LATITUDE LIFE INSURANCE INC

**Current Principal Place of Business:**

860 CORAL REEF WAY  
DAYTONA BEACH, FL 32124

**Current Mailing Address:**

860 CORAL REEF WAY  
DAYTONA BEACH, FL 32124 US

**FEI Number: 88-1365667**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WHITE, DENNIS  
860 CORAL REEF WAY  
DAYTONA BEACH, FL 32124 US

*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

**Officer/Director Detail :**

Title P  
Name WHITE, DENNIS SR  
Address 860 CORAL REEF WAY  
City-State-Zip: DAYTONA BEACH FL 32124

Title TRES  
Name WHITE, BARBARA  
Address 860 CORAL REEF WAY  
City-State-Zip: DAYTONA BEACH FL 32124

Title DIR  
Name GREER, CANDACE  
Address 1914 MENDOCINO LANCE  
City-State-Zip: PORT ORANGE FL 32128

Title DIR  
Name WHITE, DENNIS JR  
Address 229 MEADOWVIEW DRIVE  
City-State-Zip: CANONSBURG PA 15317

Title DIR  
Name WHITE, RYAN  
Address 860 CORAL REEF WAY  
City-State-Zip: DAYTONA BEACH FL 32124

*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: DENNIS WHITE WHITE**

**01/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date