

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90304 008 ****61.25

DOCUMENT # N99000005164					
1. Entity Name JACKSONVILLE ASSOCIATION OF HEALTH UNDERWRITERS, INC.					
Principal Place of Business 6639 SOUTHPOINT PKWY 107 JACKSONVILLE, FL 32216		Mailing Address PO BOX 57581 JACKSONVILLE, FL 32241-7581			
2. Principal Place of Business 4348 SOUTHPOINT BLVD Suite, Apt. #, etc. SUITE 201		3. Mailing Address 1665 SAN MARCO BLVD. Suite, Apt. #, etc.			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-3299544	
Zip 32216		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHOEPEL, PAM 6639 SOUTHPOINT PKWY STE 107 JACKSONVILLE, FL 32216 4348 SOUTHPOINT BLVD SUITE 201		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP NAME DENZ, STEPHANIE STREET ADDRESS 9000 CYPRESS GREEN DR., #108 CITY-ST-ZIP JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		TITLE DP NAME TIM OWEN STREET ADDRESS P.O. BOX 600555 CITY-ST-ZIP JACKSONVILLE FL 32260	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DVP NAME GOLDFIELD, IRA STREET ADDRESS 1 INDEPENDENT DR., #2901 CITY-ST-ZIP JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete		TITLE DVP NAME JOHN GALLETTA STREET ADDRESS 3342 KORI ROAD CITY-ST-ZIP JACKSONVILLE FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME SANDEFUR, PRISCILLA STREET ADDRESS 1665 SAN MARCO BLVD. CITY-ST-ZIP JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete				
TITLE DS NAME STETTNER, CINDI STREET ADDRESS 1113 LINWOOD LOOP CITY-ST-ZIP JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete				
TITLE D NAME KOURY, GEORGE STREET ADDRESS 8665 BAYPINE RD., #110 CITY-ST-ZIP JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		TITLE D NAME JAMIE DURRENCE STREET ADDRESS 841 PRUDENTIAL DR # F390 CITY-ST-ZIP JACKSONVILLE FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. 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 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 617, 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: Priscilla Sandefur Priscilla Sandefur 4/19/05 904/571-8138 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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