

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005164

FILED
Apr 02, 2007
Secretary of State

Entity Name: JACKSONVILLE ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Current Principal Place of Business:

4348 SOUTHPPOINT BLVD
STE 201
JACKSONVILLE, FL 32216

New Principal Place of Business:

4348 SOUTH POINT BLVD
STE 201
JACKSONVILLE, FL 32216

Current Mailing Address:

1665 SAN MARCO BLVD
JACKSONVILLE, FL 32207

New Mailing Address:

4348 SOUTH POINT BLVD
SUITE 201
JACKSONVILLE, FL 32216

FEI Number: 59-3299544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOEPPPEL, PAM
4348 SOUTH POINT BLVD
STE 201
JACKSONVILLE, FL 32216 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: DP () Delete
Name: OWEN, TIM
Address: P O BOX 600555
City-St-Zip: JACKSONVILLE, FL 32260

Title: DVP () Delete
Name: GALLETTA, JOAN
Address: 3342 KORI RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: DT () Delete
Name: SANDEFUR, PRISCILLA
Address: 1665 SAN MARCO BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS () Delete
Name: STETTNER, CINDI
Address: 1113 LINWOOD LOOP
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: DURRENCE, JAMIE
Address: 841 PRUDENTIAL DR #F390
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: WINGATE, OWEN
Address: 155 PROFESSIONAL DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DT (X) Change () Addition
Name: LAVERTY, PATTIE
Address: 4348 SOUTH POINT DR., SUITE 201
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTIE LAVERTY

DT

04/02/2007

Electronic Signature of Signing Officer or Director

Date