INC. Current Principal Place of Business:

Entity Name: CAPITAL AREA ASSOCIATION OF HEALTH UNDERWRITERS,

C/O DON GRIESHEIMER PO BOX 12039 TALLAHASSEE, FL 32317

Current Mailing Address:

DOCUMENT# N0000000704

C/O DON GRIESHEIMER PO BOX 12039 TALLAHASSEE, FL 32317 US

FEI Number: 59-3484664

Name and Address of Current Registered Agent:

GRIESHEIMER, DON C/O DON GRIESHEIMER PO BOX 12039 TALLAHASSEE, FL 32317 US Certificate of Status Desired: No

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.

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Director Detail :			
Title	PRESIDENT	Title	TREASURER
Name	GRIESHEIMER, DON	Name	WOOL, BOB
Address	C/O DON GRIESHEIMER PO BOX 12039	Address	3205 ADWOOD DRIVE
		City-State-Zip:	TALLAHASSEE FL 32312
City-State-Zip:	TALLAHASSEE FL 32317		
Title	SECRETARY		
Name	BROWN, BARB		
Address	C/O FBMC 3101 SESSIONS ROAD		
City-State-Zip:	TALLAHASSEE FL 32303		

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: DON GRIESHEIMER

Electronic Signature of Signing Officer/Director Detail

03/15/2023 Date

FILED Mar 15, 2023 Secretary of State 1187681743CC

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT