## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005164

Entity Name: JACKSONVILLE ASSOCIATION OF HEALTH UNDERWRITERS,

INC.

FILED Apr 29, 2013 Secretary of State CC4152168287

## **Current Principal Place of Business:**

4348 SOUTH POINT BLVD STE 201 JACKSONVILLE, FL 32216

## **Current Mailing Address:**

155 PROFESSIONAL DRIVE PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-3299544 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SCHOEPPEL, PAM 4348 SOUTH POINT BLVD STE 201 JACKSONVILLE, FL 32216 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 VP Title PRESIDENT

Name TREFREY, CHET Name MALZACHER, JOE

Address 155 PROFESSIONAL DRIVE Address 155 PROFESSIONAL DRIVE

City-State-Zip: PONTE VEDRA BEACH FL 32082 City-State-Zip: PONTE VEDRA BEACH FL 32082

Title TREASURER Title SECRETARY

Name KAELIN, HEATHER Name STETTNER, CINDI

Address 155 PROFESSIONAL DRIVE Address 1113 LINWOOD LOOP

City-State-Zip: PONTE VEDRA BEACH FL 32082 City-State-Zip: JACKSONVILLE FL 32259

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.

SIGNATURE: HEATHER KAELIN

**TREASURER** 

04/29/2013