

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005164

Entity Name: JACKSONVILLE ASSOCIATION OF HEALTH UNDERWRITERS, INC.**FILED**
Apr 10, 2017
Secretary of State
CC2929653951**Current Principal Place of Business:**108 CANTINA PL
ST. JOHNS, FL 32259**Current Mailing Address:**108 CANTINA PL
ST. JOHNS, FL 32259 US**FEI Number: 59-3299544****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HUSS, JANINE D
108 CANTINA PL
ST. JOHNS, FL 32259 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: JANINE D. HUSS****04/10/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST PRESIDENT
Name OWEN, TIM
Address 315 EAST BAY STREET
SUITE 400
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER
Name HUSS, JANINE D
Address 108 CANTINA PL
City-State-Zip: ST. JOHNS FL 32259

Title SECRETARY
Name FARRYN , WIEST
Address 315 EAST BAY STREET
SUITE 400
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT
Name BLACKFORD, STEPHEN I
Address 11481 OLD ST. AUGUSTINE RD.
201
City-State-Zip: JACKSONVILLE` FL 32258

Title VP
Name FERRY, THEODORE
Address 9965 SAN JOSE BLVD
12
City-State-Zip: JACKSONVILLE FL 32258

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: JANINE D. HUSS**TREASURER****04/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date