NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-01-2002 91519 041 ****70.00

DOCUMENT # 726214

1. Entity Name
Jacksonville Association of Insurance and Financial Advisors, INC.

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89653

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2. Principal Place of Business	3. Mailing Address
12020 Winstead ROad	P.O. Box 37028
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32220 Country: Duval	Zip: 32236 Country: Duval

4. FEI Number: 59-1890671 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ x **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Cherri M. Coombs
Street Address (P.O. Box Number is Not Acceptable): 12020 Winstead Road
City: Jacksonville, FL **FL** Zip Code: 32220

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.

SIGNATURE: Cherri M. Coombs — 4/19/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Michael Halloran
STREET ADDRESS	111 Riverside Avenue, Ste 210
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	V
NAME	James L. Burkett
STREET ADDRESS	6320-5A St. Augustine ROad
CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	D
NAME	Emmett W. Mankin
STREET ADDRESS	4435 Windergate Drive
CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	T/S
NAME	W. Darrell Boone
STREET ADDRESS	480 Busch Drive
CITY-ST-ZIP	Jacksonville, FL 32218
TITLE	D
NAME	Marcus D. Hatcher
STREET ADDRESS	12808 Murfield Boulevard
CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	D
NAME	Cherri M. Coombs
STREET ADDRESS	12020 Winstead Rd
CITY-ST-ZIP	Jacksonville, FL 32220

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cherri M. Coombs — 4/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #