

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90100 021 ****61.25

DOCUMENT # 726214 1. Entity Name JACKSONVILLE ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.					
Principal Place of Business 12020 WINSTEAD RD JACKSONVILLE, FL 32220			Mailing Address P.O. BOX 37028 JACKSONVILLE, FL 32236		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1890671	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOMBS, CHERRI M 12020 WINSTEAD RD JACKSONVILLE, FL 32220				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				Signature: <u>Cheri M. Coombs Secretary</u> <u>7-21-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOONE, WALTER DARRELL 480 BUSCH DRIVE JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James F. DeLay P.O. Box 1909 Ponte Vedra Bch, FL 32004-1909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WEBSTER, GARY L 3890 FAIRBANKS FORREST DR JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Christopher Harclerode 7791 Belfort Pkwy Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOMBS, CHERRI M 12020 WINSTEAD RD JACKSONVILLE, FL 32220	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Walter Darrell Boone 480 Busch Dr Jacksonville, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D HALLORAN, MICHAEL 111 RIVERSIDE AVE, #210 JACKSONVILLE, FL 322024928	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Complete List Attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARKWALTER, II, ROBERT D 8649 BAYPINE ROAD, BLDG 7, STE 100 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINFREE, STUART TRACY 4190 BELFORT ROAD, SUITE 320 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Cheri M. Coombs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>7-21-05</u> <u>695-2300</u> <small>Date Daytime Phone #</small>	

50057430



07212005 Chg-NP CR2E037 (10/03)



Jacksonville Area of Insurance &
Financial Advisors
PO Box 37028
Jacksonville, FL 32234

ATTACHMENT

#726214
50057430

President
DeLay, James F.
P.O. Box 1909,
Ponte Vedra Beach, FL 32004-1909

President Elect
Winfrey, Stuart Tracy
6817 Southpoint Parkway, Suite 401
Jacksonville, FL 32216

2nd Vice President
Markwalter, II, Robert
8649 Baypine Road, Building 7, Suite 100
Jacksonville, FL 32256

Chairman
Boone, Walter Darrell
480 Busch Drive,
Jacksonville, FL 32218

Chairman
Webster, Gary
P.O. Box 32457,
Jacksonville, FL 32237

Treasurer
Harclerode, Christopher
7791 Belfort Parkway,
Jacksonville, FL 32256

Association Executive Secretary
Coombs, Cherri
12020 Winstead Road,
Jacksonville, FL 32220

Board Member
Burkett, James
12627 San Jose Boulevard, Suite 804
Jacksonville, FL 32223

Board Member
Dominey, Roger
10151 Deerwood Park Boulevard, Building 100, Suite
300
Jacksonville, FL 32256-0566

Board Member
Hassen, Joseph
4631 Brown Avenue,
Jacksonville, FL 32207



Jacksonville Assn of Insurance &
Financial Advisors
PO Box 37028
Jacksonville, FL 32236

ATTACHMENT

#726214

Board Member
Hill, Randi
7855 Argyle Forest Boulevard, Suite 404
Jacksonville, FL 32244

Board Member 50057420
Maltese, Joseph
3112 St. Johns Bluff Road South,
Jacksonville, FL 32246

Board Member
Murphy, William
4600 Touchton Road East, Building 100, Suite 200
Jacksonville, FL 32246

Board Member
Pound, Kevin
480 Busch Drive,
Jacksonville, FL 32218

Board Member
Rogerio, Michael
10151 Deerwood Park Boulevard, Building 100, Suite
300
Jacksonville, FL 32256-0566

Board Member
Scally, Jerry
752 Blanding Boulevard, Suite B-120
Orange Park, FL 32065-5790

Board Member
Snoap, Chris
245 Riverside Avenue, Suite 100
Jacksonville, FL 32202

Board Member
Stolze, Ralph
4600 Touchton Road East, Building 100, Suite 200
Jacksonville, FL 32246

Board Member
Von Ebers, Timothy
8649 Baypine Road, Building 7, Suite 100
Jacksonville, FL 32256