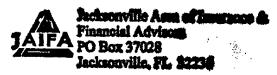
## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **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.								07-25-2	2005 9	90100 (	)21 ****(	51.25
Principal Place of Business Mailing Address 12020 WINSTEAD RD P.O. BOX 37028 JACKSONVILLE, FL 32220 JACKSONVILLE, FL 32236										′. 5	0057	430
2. Principal P	Mace of Business	3. Mail	ing Address									
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				07212005	Chg-NP			37 (10/03)	
City & State		Cit	City & State				4. FEI Numbe 59-189	er	•		<b>⊢</b>	Applied For
Zip	Country	Zip		Соц	untry		5. Certificate		esired		\$8.75 Ad	
	6. Name and Address of Curr	ent Registere	d Agent		<u>                                     </u>		7. Name and	Address of	i New Re	eaistered	•	
		<b>_</b>			Name							
COOMBS, CHERRI M 12020 WINSTEAD-RD					Street Ad	ddress (I	P.O. Box Number	er is Not Acc	eptable	)		
JACKSON	VILLE, FL 32220											
					City					Fl	Zip Co	de
	named entity submits this statemen	nt for the purpo	ose of changing its	register	ed office or	register	ed agent, or bo	th, in the Sta	ite of Flo	rida. 1 am	familiar with	n, and accept
the obligat	ions of registered agent.											
SIGNATURE.	( heiri M	$\cdot$ $($ $\cdot$ $)$	madha	7	$\leq_{0}$	רחה∱	70 4 4	-	7-	\ \ _	~	
SIGNATURE.	Signature, typed or printed name of registered a	agent and title if app	icable. (NOTE	: Registere	ed Agent signati.	ure required	when reinstating)			DATE	<del></del>	· <b>——</b>
Filing Fee, is \$61.25  Due by September 7, 2005  9. Election Campaigner Trust Fund Contr					\$5.00 May Be Make check payable to Florida Department of State							
D	- , ,						\$5.00 May B	le				
	ue by September 7, 2005	DIBECTORS		Contribut	tion.		Added to Fees		Flori	da Depa	rtment of	State
10.	- , ,	DIRECTORS			tion.	P	Added to Fees	ANGES TO	Flori	da Depa	rtment of	State IN 10
10.	OFFICERS AND P BOONE, WALTER DARRELL		Trust Fund C	ontribut	tion.	P	Added to Fees	ANGES TO	Flori	da Depa	rtment of !	State IN 10
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR GRECTOR



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

ATTACHMENT
H 786214
President Elect 50057430

Winfree, 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

Board Member Hill, Randi 7855 Argyle Forest Boulevard, Suite 404 Jacksonville, FL 32244 ATTACHMENT #726214

Board Member \( \sum O \sum \gamma \rightarrow \righta

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

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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