

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726214

FILED
Apr 12, 2007
Secretary of State

Entity Name: JACKSONVILLE ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.

Current Principal Place of Business:

12020 WINSTEAD RD
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37028
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 59-1890671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOMBS, CHERRI M
12020 WINSTEAD RD
JACKSONVILLE, FL 32220 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WINFREE, TRACY S
Address: 6817 SOUTHPOINT PKWY, SUITE 401
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: C () Delete
Name: WEBSTER, GARY L
Address: 3890 FAIRBANKS FORREST DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: COOMBS, CHERRI M
Address: 12020 WINSTEAD RD
City-St-Zip: JACKSONVILLE, FL 32220

Title: V () Delete
Name: HARCLERODE, CHRISTOPHER
Address: 7791 BELFORT PKWY
City-St-Zip: JACKSONVILLE, FL 32256

Title: V () Delete
Name: MARKWALTER, II, ROBERT D
Address: 8649 BAYPINE ROAD, BLDG 7, STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: V () Delete
Name: WINFREE, STUART TRACY
Address: 4190 BELFORT ROAD, SUITE 320
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: WAHBY, ROBIN T/C
Address: 7880 GATE PARKWAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: V/C (X) Change () Addition
Name: MALTESE, JOSEPH J V/C
Address: 3112 ST. JOHNS BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: S (X) Change () Addition
Name: COOMBS, CHERRI M S
Address: 12020 WINSTEAD RD
City-St-Zip: JACKSONVILLE, FL 32220

Title: V/C (X) Change () Addition
Name: HARCLERODE, CHRISTOPHER V/C
Address: 7791 BELFORT PKWY
City-St-Zip: JACKSONVILLE, FL 32256

Title: P (X) Change () Addition
Name: MARKWALTER, II, ROBERT D P
Address: 8649 BAYPINE ROAD, BLDG 7, STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: D/C (X) Change () Addition
Name: BOONE, WALTER D D/C
Address: 1540 MONTROSE AVE.E
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERRI M. COOMBS

S

04/12/2007

Electronic Signature of Signing Officer or Director

Date