2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 24, 2008 8:00 am
Secretary of State
06-24-2008 90001 014 ****61.25

DOCUMENT # 726214

1. Entity Name

JACKSONVILLE ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.

Principal Place of Business	Mailing Address
12020 WINSTEAD RD JACKSONVILLE FL 32220	P.O. BOX 37028 JACKSONVILLE FL 32236

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COOMBS, CHERRI M 12020 WINSTEAD RD JACKSONVILLE FL 32220	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	T WAHBY, ROBIN T/C 7880 GATE PARKWAY, SUITE 200 JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition V
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/C MALTESE, JOSEPH J V/C 3112 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition V
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COOMBS, CHERRI M S 12020 WINSTEAD RD JACKSONVILLE FL 32220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition S/M
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/C HARCLERODE, CHRISTOPHER V/C 7791 BELFORT PKWY JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition P
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARKWALTER, II, ROBERT D P 8649 BAYPINE ROAD, BLDG 7, STE 100 JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition S/T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C BOONE, WALTER D D/C 1540 MONTROSE AVE.E JACKSONVILLE FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Treasurer Christopher Veenstra 3368 Kings Rd S. St. Augustine, FL 32086

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Cherri M. Coombs 6/19/08 904-695-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

4101090827
#726214

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