

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726214

FILED
Jan 26, 2012
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS-JACKSONVILLE, FLORIDA, 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 OHMER, 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
Name: BRYANT, WILLIAM
Address: 6688 CABELLO DRIVE
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: VP
Name: DOMINEY, S R
Address: 10151 DEERWOOD PK BLVD, BLDG 100, STE 300
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: SM
Name: COOMBS OHMER, CHERRI M S,M
Address: 12020 WINSTEAD RD
City-St-Zip: JACKSONVILLE, FL 32220

Title: T
Name: BURKETT, JAMES
Address: 12627 SAN JOSE BLVD, STE 804
City-St-Zip: JACKSONVILLE, FL 32223

Title: B
Name: BURST, ALICIA
Address: 4190 BELFORT ROAD, STE 110
City-St-Zip: JACKSONVILLE, FL 32236

Title: B
Name: HARNER, MARGIE
Address: 4540 SOUTHSIDE BLVD, STE 1102
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: CHERRI COOMBS OHMER

SM

01/26/2012

Electronic Signature of Signing Officer or Director

Date