

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000207

FILED  
Jan 06, 2004  
Secretary of State

**Entity Name:** HEALTH INSURANCE EDUCATION AND RESEARCH CENTER, INC.

**Current Principal Place of Business:**

342 BAYSIDE PARKWAY  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

342 BAYSIDE PARKWAY  
NOKOMIS, FL 34275

**New Mailing Address:**

**FEI Number:** 65-1166163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PITCHER, TIMOTHY  
342 BAYSIDE PARKWAY  
NOKOMIS, FL 34275

**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: D ( ) Delete  
Name: PITCHER, TIMOTHY J  
Address: 342 BAYSIDE PARKWAY  
City-St-Zip: NOKOMIS, FL 34275

Title: STD ( ) Delete  
Name: PITCHER, JOANN  
Address: 3223 GIFFORD LANE  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: SCHENZ, WENDY MICHELLE  
Address: 5546 FAIRWOOD  
City-St-Zip: CINCINNATI, OH 45239

Title: D ( ) Delete  
Name: PITCHER, DEBORAH  
Address: 6 BRECKENRIDGE  
City-St-Zip: BLOOMINGTON, IL

Title: D ( ) Delete  
Name: WEIBLE, BRIAN  
Address: 19321 US HIGHWAY N 19, SUITE 515  
City-St-Zip: CLEARWATER, FL 337643143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY J. PITCHER

MR

01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date