# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2009**
**Secretary of State**

DOCUMENT# N08000005168

**Entity Name:** BROWARD ASSOCIATION OF HEALTH UNDERWRITERS, INC.

**Current Principal Place of Business:**

4350 NW 80 AVE.
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

4350 NW 80 AVE.
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number: 26-1823617** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DRAUGHON, TONYA D.
12555 ORANGE DR., STE. 214
DAVIE, FL 33330 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: DP ( ) Delete
Name: DRAUGHON, TONYA
Address: 12555 ORANGE DR., STE. 214
City-St-Zip: DAVIE, FL 33330

Title: DST ( ) Delete
Name: DOTSON, MARIE
Address: 4350 NW 80 AVE.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: FARRELL, KEVIN
Address: 4322 DANIELSON DR.
City-St-Zip: LAKE WORTH, FL 334673628

Title: DPE ( ) Delete
Name: MERSHON, COREY
Address: 12235 SW 101 TERR
City-St-Zip: MIAMI, FL 33186

**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:

I hereby certify that the information supplied with this filing does not qualify 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: MARIE D DOTSON DST 04/19/2009

Electronic Signature of Signing Officer or Director — Date