FILE NOW: FILING FEE IS $61.25

FILED
Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40911** **(2)**

1. Corporation Name

CENTRAL FLORIDA ASSOCIATION OF HEALTH UNDERWRITE RS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 160790 ALTAMONTE SPRINGS FL 32716-0790	P.O. BOX 160790 ALTAMONTE SPRINGS FL 32716-0790

3. Date Incorporated or Qualified: 11/19/1990

4. FEI Number: 59-3041592 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DUFFY, DENNIS M
2300 LEE ROAD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: DEBRA L. AMICARELLI

82 Street Address (P.O. Box Number is Not Acceptable): FLORIDA BENEFITS, INC.

83: ONE PURLIEU PL, STE 240

84 City: WINTER PARK **FL** 85 Zip Code: 32792

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: DEBRA L. AMICARELLI T 1/22/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHERRILL, BOB 427 WHOOPING LOOP STE 1841 ALTAMONTE SPRINGS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD BARBARA COGGINS 400 E HWY 436, STE 208 CASSELBERRY, FL 32707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD COGGINS, BARBARA 400 E. HWY 436, STE 208 CASSELBERRY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD DAVID BILLSBOROUGH 100 S. ORANGE AVE, STE 300 ORLANDO, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUFFY, DENNIS M 2300 LEE ROAD WINTER PARK FL 32789	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T DEBRA L. AMICARELLI ONE PURLIEU PL, STE 240 WINTER PARK, FL 32792	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WERTZ, LYNN 1040 WOODCOCK RD. STE 260 ORLANDO FL 32803	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVID BILLSBOROUGH 100 S. ORANGE AVE., STE 300 ORLANO FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DEBRA L. AMICARELLI 1/22/98 407-679-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #