

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40911

FILED
Apr 28, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Current Principal Place of Business:

P.O. BOX 160790
ALTAMONTE SPRINGS, FL 327160790

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160790
ALTAMONTE SPRINGS, FL 327160790

New Mailing Address:

FEI Number: 59-3041592 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RENNARD, BARBARA V
3001 ALOMA AVE.
SUITE 116
WINTER PARK, FL 32792 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: TD () Delete
Name: RENNARD, BARBARA V
Address: 3001 ALOMA AVE., STE. 116
City-St-Zip: WINTER PARK, FL 32792

Title: 1VP () Delete
Name: LAWSON, ANDREW
Address: 3301 HADLEIGH CREST
City-St-Zip: ORLANDO, FL 328172052

Title: SD () Delete
Name: BLANK, LYNN
Address: 1040 WOODCOCK RD. STE. 260
City-St-Zip: ORLANDO, FL 32803

Title: PD () Delete
Name: GENTRY, DAVID
Address: 786 HADDENSTONE CIR, APT 204
City-St-Zip: HEATHROW, FL 327465606

Title: PE () Delete
Name: WOLLAN, VICKEY
Address: 385 DOUGLAS AVE., STE. 1050
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: 2VP () Delete
Name: SCHREPPPEL, GAYLE
Address: P.O. BOX 622467
City-St-Zip: OVIEDO, FL 327622467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PED (X) Change () Addition
Name: LAWSON, ANDREW
Address: 3301 HADLEIGH CREST
City-St-Zip: ORLANDO, FL 328172052

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

Title: PPD (X) Change () Addition
Name: GENTRY, DAVID
Address: 786 HADDENSTONE CIR, APT 204
City-St-Zip: HEATHROW, FL 327465606

Title: PD (X) Change () Addition
Name: WOLLAN, VICKEY
Address: 385 DOUGLAS AVE., STE. 1050
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: 1VPD (X) Change () Addition
Name: SCHREPPPEL, GAYLE
Address: P.O. BOX 622467
City-St-Zip: OVIEDO, FL 327622467

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA V RENNARD

TD

04/28/2006

Electronic Signature of Signing Officer or Director

Date