

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40911

FILED
Mar 17, 2008
Secretary of State

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

Current Principal Place of Business:

3001 ALOMA AVENUE
SUITE 116
WINTER PARK, FL 32792

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: VPD () Delete
Name: BLACKMER, MARYLOU
Address: 495 N KELLER RD, STE 200
City-St-Zip: MAITLAND, FL 32751

Title: SD () Delete
Name: SMITHERS, PENNY
Address: 850 CONCOURSE PARKWAY S., STE. 200
City-St-Zip: MAITLAND, FL 32751

Title: PPD () Delete
Name: WOLLAN, VICKEY
Address: 1855 W. SR 434
City-St-Zip: LONGWOOD, FL 32750

Title: PD () Delete
Name: SCHREPPPEL, GAYLE
Address: 861 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: DAVILA, MONICA
Address: 3410 HENDERSON BLVD., STE. 300
City-St-Zip: TAMPA, FL 33609 39

Title: PD (X) Change () Addition
Name: SHERRILL, DAVE
Address: 427 CENTERPOINTE CIRCLE, SUITE 1841
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 34

Title: PPD (X) Change () Addition
Name: SCHREPPPEL, GAYLE
Address: 861 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

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: BARBARA V. RENNARD

TD

03/17/2008

Electronic Signature of Signing Officer or Director

Date