

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40911

FILED
Mar 30, 2012
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:

407 CENTERPOINTE CIRCLE
SUITE 1637
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

3001 ALOMA AVENUE
SUITE 116
WINTER PARK, FL 32792

New Mailing Address:

407 CENTERPOINTE CIRCLE
SUITE 1637
ALTAMONTE SPRINGS, FL 32701

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:

RENNARD, BARBARA
3001 ALOMA AVENUE
SUITE 116
WINTER PARK, FL 32792 US

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: BARBARA RENNARD

03/30/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: IPPD
Name: RENNARD, BARBARA V
Address: 3001 ALOMA AVE., STE. 116
City-St-Zip: WINTER PARK, FL 32792

Title: PD
Name: WYNKOOP, ASHLEY
Address: 1800 PEMBROOK DRIVE, STE. #190
City-St-Zip: ORLANDO, FL 32810

Title: SD
Name: LYNN, BLANK
Address: 8818 COMMODITY DRIVE, SUITE 41
City-St-Zip: ORLANDO, FL 32819

Title: TD
Name: DAVE, SHERRILL
Address: 407 CENTERPOINTE CIRCLE, SUITE 1637
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD
Name: NATALEE, OTERO-NEWMAN
Address: 495 N. KELLER ROAD, SUITE 200
City-St-Zip: MAITLAND, FL 32751

Title: PED
Name: BUFFA, AUGGIE
Address: 14605 CHLOE COURT
City-St-Zip: ORLANDO, FL 32826

I hereby 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 all other like empowered.

SIGNATURE: BARBARA RENNARD

IPPD

03/30/2012

Electronic Signature of Signing Officer or Director

Date