FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB 17 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41422 (9)

1. Corporation Name

NORTHWEST FLORIDA ASSOCIATION OF HEALTH UNDERWRI TERS INC.

Principal Place of Business	Mailing Address
P.O. BOX 263 PENSACOLA FL 32592	P.O. BOX 263 PENSACOLA FL 32592

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3062989 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip: 25: Country:

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip: 30: Country:

9. Name and Address of Current Registered Agent

CAIN PATRICIA
1200 MAHOGANY MILL RD
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ Patricia Cain 2-6-95
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	PD	1.1 TITLE	VD	X Change ☐ Addition
NAME	FLETCHER, MARVIN	1.2 NAME	Cooper, Richard	
STREET ADDRESS	512 S. PALAFOX ST.	1.3 STREET ADDRESS	1701 W. Garden St.	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	VD	2.1 TITLE	VD	X Change ☐ Addition
NAME	MESSIER, FRANK	2.2 NAME	Procter, Jon	
STREET ADDRESS	7282 PLANTATION RD.	2.3 STREET ADDRESS	8-A Miracle Strip Loop	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Panama City Beach, FL 32407	
TITLE	TD	3.1 TITLE	TD	X Change ☐ Addition
NAME	AIKEN, WM. P.	3.2 NAME	Brown, Ed	
STREET ADDRESS	4900 BAYOU BLVD.	3.3 STREET ADDRESS	517 N. Baylen St.	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	4.1 TITLE	S/D	X Change ☐ Addition
NAME	KRUMEL, VIVIAN	4.2 NAME	Krumel, Vivian	
STREET ADDRESS	3298 SUMMIT BLVD., #33	4.3 STREET ADDRESS	3298 Summit Blvd, #33	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HUNTER, MARTHA	5.2 NAME		
STREET ADDRESS	40 S. ALCANIZ ST	5.3 STREET ADDRESS	No change	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE	2nd V/D	X Change ☐ Addition
NAME	SEDLACEK, RON	6.2 NAME	Sedlacek, Ron	
STREET ADDRESS	4300 BAYOU BLVD., #23	6.3 STREET ADDRESS	4300 Bayou Blvd #23	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	Pensacola, FL 32503	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Treasurer 2/9/95 904-444-9084
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Date Daytime Phone #

0078004