

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N41422** (9)

1. Corporation Name

NORTHWEST FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS INC.



Principal Place of Business

P.O. BOX 263
PENSACOLA FL 32592

Mailing Address

P.O. BOX 263
PENSACOLA FL 32592

3. Date Incorporated or Qualified
12/19/1990

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAIN PATRICIA
1200 MAHOGANY MILL RD
PENSACOLA FL 32507**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

**000001 FL 1270
03/21/96--01010--020**

84 City

*****70.00**

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

3-15-96

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	COOPER, RICHARD	
STREET ADDRESS	1701 W GARDEN ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PROCTER, JON	
STREET ADDRESS	8-A MIRACLE STRIP LOOP	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, ED	
STREET ADDRESS	517 N BAYLEN ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KRUMEL, VIVIAN	
STREET ADDRESS	3298 SUMMIT BLVD., #33	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTER, MARTHA	
STREET ADDRESS	40 S. ALCANIZ ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEDLACEK, RON	
STREET ADDRESS	4300 BAYOU BLVD., #23	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jon Procter	
1.3 STREET ADDRESS	8-A Miracle Strip Loop	
1.4 CITY-ST-ZIP	Panama City Beach, FL	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ron Sedlacek	
2.3 STREET ADDRESS	4300 Bayou Blvd, #23	
2.4 CITY-ST-ZIP	Pensacola, FL	
3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ed Brown	
3.3 STREET ADDRESS	8084 N. Davis Hwy, #228	
3.4 CITY-ST-ZIP	Pensacola, FL	
4.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cal Roman	
4.3 STREET ADDRESS	25 W. Cedar Street	
4.4 CITY-ST-ZIP	Pensacola, FL	
5.1 TITLE	Vivian Krumel (T/T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	3298 Summit Blvd, #33	
5.3 STREET ADDRESS	Pensacola, FL	
5.4 CITY-ST-ZIP		
6.1 TITLE	Martha Hunter (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	40 S. Alcaniz St	
6.3 STREET ADDRESS	Pensacola, FL	
6.4 CITY-ST-ZIP		

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George E Brown JR. V.P.

Mar 14, 1996.

(904) 477-0140

Date:

Daytime Phone #

CR2E037 (12/95)

13-20-1996