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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N41422 (9)

1. Corporation Name

NORTHWEST FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS INC.



Principal Place of Business

Mailing Address

P.O. BOX 263
PENSACOLA FL 32592

P.O. BOX 263
PENSACOLA FL 32592-0263

3. Date Incorporated or Qualified
12/19/1990

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3062989

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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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

84 City

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD DELETE
NAME COOPER, RICHARD
STREET ADDRESS 1701 W GARDEN ST
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE P/D Change Addition
1.2 NAME Ron Sedlacek
1.3 STREET ADDRESS 4300 Bayou Blvd, #23
1.4 CITY-ST-ZIP Pensacola, FL 32582

TITLE PD DELETE
NAME PROCTER, JON
STREET ADDRESS 8-A MIRACLE STRIP LOOP
CITY-ST-ZIP PANAMA CITY BEACH FL

2.1 TITLE 1VP/D Change Addition
2.2 NAME Mike Roberts
2.3 STREET ADDRESS 220 W. Garden St, #514
2.4 CITY-ST-ZIP Pensacola, FL 32501

TITLE VPD DELETE
NAME BROWN, ED
STREET ADDRESS 8084 N. DAVIS HWY, #228
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE 2VP/D Change Addition
3.2 NAME Ed Brown
3.3 STREET ADDRESS c/o AMS 100 Concourse Pkwy #315
3.4 CITY-ST-ZIP Birmingham, AL 35244

TITLE TT DELETE
NAME KRUMEL, VIVIAN
STREET ADDRESS 3298 SUMMIT BLVD., #33
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE S Change Addition
4.2 NAME Patsy Cain
4.3 STREET ADDRESS 1200 Mahogany Mill Road
4.4 CITY-ST-ZIP Pensacola, FL 32507

TITLE T DELETE
NAME HUNTER, MARTHA
STREET ADDRESS 40 S. ALCANIZ ST
CITY-ST-ZIP PENSACOLA FL

5.1 TITLE T Change Addition
5.2 NAME Marvin Fletcher
5.3 STREET ADDRESS 512 S. Palafox St
5.4 CITY-ST-ZIP Pensacola, FL 32501

TITLE VPD DELETE
NAME SEDLACEK, RON
STREET ADDRESS 4300 BAYOU BLVD., #23
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE C Change Addition
6.2 NAME Martha Hunter
6.3 STREET ADDRESS 40 S. Alcaniz St
6.4 CITY-ST-ZIP Pensacola, FL 32501

14. I do hereby certify that the information supplied with this filing 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-24-97

Daytime Phone # 0074936

CR2E037 (9/96)