

FILE NOW: FILING FEE IS \$61.25

FILED

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

P.O. BOX 263  
PENSACOLA FL 32592

Mailing Address

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

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

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

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	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, RICHARD	
STREET ADDRESS	1701 W GARDEN ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PROCTER, JON	
STREET ADDRESS	8-A MIRACLE STRIP LOOP	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ED	
STREET ADDRESS	8084 N. DAVIS HWY, #228	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TT	<input checked="" type="checkbox"/> DELETE
NAME	KRUMEL, VIVIAN	
STREET ADDRESS	3298 SUMMIT BLVD., #33	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, MARTHA	
STREET ADDRESS	40 S. ALCANIZ ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SEDLACEK, RON	
STREET ADDRESS	4300 BAYOU BLVD., #23	
CITY-ST-ZIP	PENSACOLA FL	

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ron Sedlacek	
1.3 STREET ADDRESS	4300 Bayou Blvd, #23	
1.4 CITY-ST-ZIP	Pensacola, FL 32582	
2.1 TITLE	1VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mike Roberts	
2.3 STREET ADDRESS	220 W. Garden St, #514	
2.4 CITY-ST-ZIP	Pensacola, FL 32501	
3.1 TITLE	2VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Patsy Cain	
4.3 STREET ADDRESS	1200 Mahogany Mill Road	
4.4 CITY-ST-ZIP	Pensacola, FL 32507	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Marvin Fletcher	
5.3 STREET ADDRESS	512 S. Palafox St	
5.4 CITY-ST-ZIP	Pensacola, FL 32501	
6.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

3-24-97

Date

Daytime Phone # 0074936

CR2E037 (9/96)