

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90252 026 ****61.25

DOCUMENT # N41422

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

12/19/1990

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE VPD
NAME ROBERTS, MIKE
STREET ADDRESS 7282 PLANTATION ROAD, SUITE 300
CITY-ST-ZIP PENSACOLA FL 32504
☐ DELETE

TITLE VPD
NAME BROWN, ED
STREET ADDRESS C/O AMS 100 CONCOURSE PKWY #315
CITY-ST-ZIP BIRMINGHAM AL
☐ DELETE

TITLE C
NAME CAIN, PATSY
STREET ADDRESS 1200 MAHOGANY MILL ROAD
CITY-ST-ZIP PENSACOLA FL 32507
☐ DELETE

TITLE T
NAME FLETCHER, MARVIN
STREET ADDRESS 512 S PALAFOX ST
CITY-ST-ZIP PENSACOLA FL
☐ DELETE

TITLE P
NAME BROWN, GEORGE E. J
STREET ADDRESS 7734 GRAVES ROAD
CITY-ST-ZIP PENSACOLA FL 32514
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Crisp, Darlene
1.3 STREET ADDRESS 1333 College Pkwy, Suite 192
1.4 CITY-ST-ZIP Gulf Breeze, FL 32561
☒ Change ☐ Addition

2.1 TITLE VPD
2.2 NAME Kramer, Pat
2.3 STREET ADDRESS 220 W. Garden Street, Suite 301
2.4 CITY-ST-ZIP Pensacola, FL 32501
☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME Krumel, Vivian
3.3 STREET ADDRESS 3298 Summit Boulevard, Suite 33
3.4 CITY-ST-ZIP Pensacola, FL 32503
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME No Change
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME No Change
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE C
6.2 NAME Sedlacek, Ron
6.3 STREET ADDRESS 4300 Bayou Boulevard, Suite 23
6.4 CITY-ST-ZIP Pensacola, FL 32503
☒ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-99 850-4586008

CR2E037 (11/98)