FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N47967** **(7)**

1. Corporation Name

SUNCOAST ASSOCIATION OF HEALTH UNDERWRITERS, INC

Principal Place of Business	Mailing Address
2750 STICKNEY PT. #106 SARASOTA FL 34231	~~6400 MANATEE AVE W~~ ~~SUITE 310~~ ~~BRADENTON FL 34209~~ US 2750 Stickney Pt Rd. #106 Sarasota, FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1992	3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-3027601	☐ 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	2a. Mailing Address
21 2750 Stickney Pt Rd #106	26 2750 Stickney Pt Rd #106
Suite, Apt. #, etc: 22 SARASOTA FL.	Suite, Apt. #, etc: 27 SARASOTA FL
City & State: 23 34231 SARASOTA	City & State: 28 34231 SARASOTA
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

CAPIERSEHO, LINDA S
2750 STICKNEY PT RD #106
SARASOTA FL 34231

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/hand)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☑ Addition
NAME	TERRELL HART	12 NAME	Ann Currie
STREET ADDRESS	P.O. BOX 3017 N/A	13 STREET ADDRESS	5219 Dasota Pkwy
CITY-ST-ZIP	SARASOTA FL 34280	14 CITY-ST-ZIP	Sarasota FL. 34234
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BARB DERIGO	22 NAME	
STREET ADDRESS	P.O. BOX 3469 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34230	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GUS WATTERS	32 NAME	
STREET ADDRESS	806 E. VENICE AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	D ☑ Change ☐ Addition
NAME	DAVID CALAHAN	42 NAME	David Calahan
STREET ADDRESS	888 BLVD. OF THE ARTS	43 STREET ADDRESS	888 Blvd of the Arts
CITY-ST-ZIP	SARASOTA FL 34236	44 CITY-ST-ZIP	Sarasota FL 34236
			Delete David Calahan - No Longer Advisory
TITLE	PP	51 TITLE	PP ☑ Change ☐ Addition
NAME	GREG GATTS	52 NAME	GREG GOTTS
STREET ADDRESS	2201 CONTU COURT	53 STREET ADDRESS	2201 CONTU COURT
CITY-ST-ZIP	SARASOTA FL 34236	54 CITY-ST-ZIP	SARASOTA, FL. 34234
			Correct Spelling's
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Gregory A. Gotts Greg A Gotts P.P. 4/28/95 8133799967
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone number

0017#01