

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 # N93000001786 (3)

1. Corporation Name

**WEST COAST ASSOCIATION OF HEALTH UNDERWRITERS, I
NC.**



Principal Place of Business

Mailing Address

**P O BOX 48514
ST PETERSBURG FL 33743
US**

**P O BOX 48514
ST PETERSBURG FL 33743
US**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 04/21/1993	3a. Date of Last Report 06/02/1995
4. FEI Number 59-3184002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, BARBARA
6374 BURLINGTON AVE N
~~SUITE 4~~
ST PETERSBURG FL 33710**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	V	<input checked="" type="checkbox"/> DELETE
NAME	MARTZ, RA NAE	
STREET ADDRESS	1511 N WESTHSORE 570	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPSCH, RAYMOND E	
STREET ADDRESS	BRADENTON INSURANCE CALLER BOX 25009	
CITY - ST - ZIP	BRADENTON FL 34206-5009	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BLAIR, NANACY A	
STREET ADDRESS	5175-97TH WAY N	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRASER, JOHN W	
STREET ADDRESS	9974 LAKE SEMINOLE DR E	
CITY - ST - ZIP	LARGO FL 34643	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PAGNOTT, MICHELLE	
STREET ADDRESS	2451 MCMULLEN BOOTH RD 212	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITE, BARBARA	
STREET ADDRESS	6374 BURLINGTON AVE N	
CITY - ST - ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	NORA FOLKERS	
13 STREET ADDRESS	7309 1ST AVES.	
14 CITY - ST - ZIP	ST. PETERSBURG FL 33710	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(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:

Barbara A. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

Date

Daytime Phone #

CR2E037 (12/95)