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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

04/21/1993

4. FEI Number

59-3184002

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Barbara White

82 Street Address (P.O. Box Number is Not Acceptable)

5401 W. Kennedy Blvd. # 400

83

84 City

Tampa, FL

FL

85 Zip Code
33609

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

Barbara A. White

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	VASQUEZ, DENNIS	
STREET ADDRESS	550 N REO ST #300	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, RON	
STREET ADDRESS	3412 S US HWY 19 N	
CITY-ST-ZIP	PALM HARBOR FL	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Peter Nolan
2.3 STREET ADDRESS	243 Snell Isle Blvd N.
2.4 CITY-ST-ZIP	St. Petersburg, FL 33704

TITLE	P	<input type="checkbox"/> DELETE
NAME	STEVENS, JIM	
STREET ADDRESS	24761 US 19 N #660	
CITY-ST-ZIP	CLEARWATER FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDER, BARBARA	
STREET ADDRESS	44 BISHOP CREEK DR	
CITY-ST-ZIP	SAFETY HARBOR FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	QUARRNO, BARBARA	
STREET ADDRESS	2857 - 58TH CIRCLE S	
CITY-ST-ZIP	ST PETERSBURG FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITE, BARBARA	
STREET ADDRESS	6374 BURLINGTON AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Barbara White
6.3 STREET ADDRESS	5401 W. Kennedy Blvd. #400
6.4 CITY-ST-ZIP	Tampa, FL 33609

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.

SIGNATURE:

Barbara A. White

5/1/98

813/288-6384

CR2E037 (10/97)