2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90056 045 ****61.25

DOCUMENT # N94000004815

1. Entity Name
FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
8105 SW158 PLACE MIAMI, FL 33193	8105 SW 158 PLACE MIAMI, FL 33193

04062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
3001 Aloma Ave	3001 Aloma Ave
Suite, Apt. #, etc.: Ste 116	Suite, Apt. #, etc.: Ste 116
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32792 Country: USA	Zip: 32792 Country: USA

4. FEI Number 65-0605904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RASKIN, ELLEN
8105 SW 158 PLACE
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name: Rennard, Barbara
Street Address (P.O. Box Number is Not Acceptable): 3001 Aloma Ave
Suite 116
City: Winter Park **FL** Zip Code: 32792

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Barbara Rennard, Treasurer DATE: 4/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHERRILL, DAVID 427 CENTER POINTE CIRCLE, STE 1841 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIPP Sherrill, David 427 Center Pointe Circle, Ste 1841 Altamonte Springs, FL 32701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RASKIN, ELLEN 8105 SW 158 PLACE MIAMI, FL 33193	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Rennard, Barbara 3001 Aloma Ave, Ste 116 Winter Park, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WHITE, BARBARA 619 65TH STREET SOUTH SAINT PETERSBURG, FL 33707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPE White, Barbara 619 65th St., South St. Petersburg FL 33707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPE SFORZA, JOHN P.O. BOX 560129 MIAMI, FL 33256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Sforza, John P.O. Box 560129 Miami, FL 33256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DEININGER, PAUL P.O. BOX 327696 SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Deininger, Paul P.O. Box 327696 Satellite Beach, FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIPP YOUNT, DANIEL 7680 UNIVERSAL BLVD., SUITE 460 ORLANDO, FL 32819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPE Wayne Sakamoto 2664 White Cedar Lane Naples, FL 34109	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Rennard Treasurer 4/6/05 407-681-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #