

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004815

FILED
Apr 26, 2007
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Current Principal Place of Business:

3001 ALOMA AVE
SUITE 116
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

3001 ALOMA AVE
SUITE 116
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 65-0605904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENNARD, BARBARA
3001 ALOMA AVE
SUITE 116
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: RENNARD, BARBARA
Address: 3001 ALOMA AVE, SUITE 116
City-St-Zip: WINTER PARK, FL 32792 US

Title: DPE () Delete
Name: WHITE, BARBARA
Address: 619 65TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707 US

Title: DIPP () Delete
Name: SFORZA, JOHN
Address: P.O. BOX 560129
City-St-Zip: MIAMI, FL 33256 US

Title: DS () Delete
Name: DEININGER, PAUL
Address: P.O. BOX 327696
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: DP () Delete
Name: SAKAMOTO, WAYNE
Address: 2664 WHITE CEDAR LANE
City-St-Zip: NAPLES, FL 34109 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPE (X) Change () Addition
Name: DENZ, STEPHANIE
Address: 1808 HICKORY TRACE DR
City-St-Zip: ORANGE PARK, FL 32003 US

Title: DIPP (X) Change () Addition
Name: SAKAMOTO, WAYNE
Address: 2664 WHITE CEDAR LANE
City-St-Zip: NAPLES, FL 34109 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: WHITE, BARBARA
Address: 619 65TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707 US

Title: D () Change (X) Addition
Name: SHERRILL, DAVE
Address: 427 CENTERPOINTE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA RENNARD

DT

04/26/2007

Electronic Signature of Signing Officer or Director

Date