2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004815

FILED Apr 15, 2009 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Current Principal Place of Business: New Principal Place of Business: 3001 ALOMA AVE SUITE 116 WINTER PARK, FL 32792 **New Mailing Address: Current Mailing Address:** 3001 ALOMA AVE SUITE 116 WINTER PARK, FL 32792 FEI Number: 65-0605904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RENNARD, BARBARA 3001 ALOMA AVE SUITE 116 WINTER PARK, FL 32792 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RENNARD, BARBARA Name: Name: 3001 ALOMA AVE, SUITE 116 Address: Address: City-St-Zip: WINTER PARK, FL 32792 US City-St-Zip: Title: DP () Delete Title: DPE (X) Change () Addition DENZ, STEPHANIE Name: JULIAN, LAGO Name: Address: 1808 HICKORY TRACE DR Address: 10337 N. MILITARY TRAIL City-St-Zip: ORANGE PARK, FL 32003 US City-St-Zip: WEST PALM BEACH, FL 33410 US Title: DPE () Delete Title: DP (X) Change () Addition GENTRY, DAVE GENTRY, DAVE Name: Name: 2211 LEE ROAD, SUITE 100 Address: 2211 LEE ROAD, SUITE 100 Address: City-St-Zip: WINTER PARK, FL 32789 US City-St-Zip: WINTER PARK, FL 32789 US Title: DS () Delete Title: DVP (X) Change () Addition Name: AUCLAIR, KIMBERLY Name: AUCLAIR, KIMBERLY Address: P.O. BOX 410248 Address: P.O. BOX 410248 City-St-Zip: VIERA, FL 32941 US City-St-Zip: VIERA, FL 32941 US Title: DIPP () Delete Title: DS (X) Change () Addition WHITE, BARBARA JENNIFER, WENKE Name: Name: 619 65TH STREET SOUTH 5248 RED CEDAR DRIVE, SUITE 103 Address: Address: SAINT PETERSBURG, FL 33707 US City-St-Zip: City-St-Zip: FT. MYERS, FL 33907 Title: () Delete Title: (X) Change () Addition SHERRILL. DAVE SHERRILL. DAVE Name: Name: Address: 427 CENTERPOINTE CIRCLE Address: P.O. BOX 150358 ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32715-035 City-St-Zip: City-St-Zip:

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 04/15/2009