

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004815

FILED  
Mar 29, 2010  
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  
Name: RENNARD, BARBARA  
Address: 3001 ALOMA AVE, SUITE 116  
City-St-Zip: WINTER PARK, FL 32792 US

Title: DP  
Name: JULIAN, LAGO  
Address: 10337 N. MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33410 US

Title: DVP  
Name: MAJOR-BELL, VICTORIA  
Address: P.O. BOX 540034  
City-St-Zip: LAKE WORTH, FL 334340034 US

Title: DPE  
Name: AUCLAIR, KIMBERLY  
Address: P.O. BOX 410248  
City-St-Zip: VIERA, FL 32941 US

Title: DS  
Name: PAUL, DEININGER  
Address: P.O. BOX 327696  
City-St-Zip: SATELLITE BEACH, FL 329370696 US

Title: D  
Name: SHERRILL, DAVE  
Address: P.O. BOX 150358  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

I hereby 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 all other like empowered.

SIGNATURE: BARBARA RENNARD

DT

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date