

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004815

FILED
Feb 06, 2012
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Current Principal Place of Business:

407 CENTERPOINTE CIRCLE
SUITE 1637
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 150358
ALTAMONTE SPRINGS, FL 327150358 US

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:

SHERRILL, DAVE
407 CENTERPOINTE CIRCLE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

SHERRILL, DAVID M
407 CENTERPOINTE CIRCLE
SUITE 1637
ALTAMONTE SPRINGS, FL 32701 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: DAVID M SHERRILL

02/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: PE
Name: KNAUER, T BRIAN
Address: 205 SOUTH HOOVER AVE #208
City-St-Zip: TAMPA, FL 33609 US

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

Title: IPP
Name: AUCLAIR, KIMBERLY
Address: 6873 RACCOON CT
City-St-Zip: VIERA, FL 32941 US

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

Title: TREA
Name: ISRAEL, STEVE
Address: 4204 MANOR FOREST TR
City-St-Zip: BOYNTON BEACH, FL 33436

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: DAVID M SHERRILL

ED

02/06/2012

Electronic Signature of Signing Officer or Director

Date