2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2006
Secretary of State

DOCUMENT# N95000005202

Entity Name: GULF COAST ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Current Principal Place of Business:

PO BOX 3831
SARASOTA, FL 342303831 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3831
SARASOTA, FL 342303831 US

New Mailing Address:

FEI Number: 65-0618573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PREWETT, DANIEL L
5757 BENEVA RD. SO., UNIT 4
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

BLIZMAN, DONNA J
1939 RACIMO DRIVE
SARASOTA, FL 34240 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: DONNA BLIZMAN 01/29/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JENKINS, GEORGE
Address: 4411 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34239

Title: V ( ) Delete
Name: POWELL, MICHELE
Address: 6513 - 14TH ST W STE 139
City-St-Zip: BRADENTON, FL 34207

Title: S ( ) Delete
Name: RUMMEL, CAROLYN
Address: 3970 MANATE AVE EAST
City-St-Zip: BRADENTON, FL 34208

Title: T ( ) Delete
Name: BLYMAN, DONNA
Address: 1939 RACINO DR
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POWELL, MICHELE
Address: 6513 -14TH ST W #139
City-St-Zip: BRADENTON, FL 34207

Title: V (X) Change ( ) Addition
Name: MICHELE, POWELL
Address: 6513-14TH ST W #139
City-St-Zip: BRADENTON, FL 34207

Title: S (X) Change ( ) Addition
Name: ROACH, ANGELA
Address: 1345 MAIN ST
City-St-Zip: SARASOTA, FL 34236

Title: T (X) Change ( ) Addition
Name: BLIZMAN, DONNA
Address: 1939 RACIMO DR
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA BLIZMAN T 01/29/2006
Electronic Signature of Signing Officer or Director Date