

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005202

FILED
Feb 20, 2008
Secretary of State

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

Current Principal Place of Business:

1939 RACIMO DR
SARASOTA, FL 34240 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 ()

Name and Address of Current Registered Agent:

BLIZMAN, DONNA J
1939 RACIMO DRIVE
SARASOTA, FL 34240 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: P () Delete
Name: POWELL, MICHELE
Address: 6513 -14TH ST W #139
City-St-Zip: BRADENTON, FL 34207

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

Title: S () Delete
Name: SLAYBACH, JOY
Address: 1700 S TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34239

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KNAUER, BRIAN
Address: 1304 N DALE MABRY HWY #320
City-St-Zip: TAMPA, FL 33618

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

Title: S (X) Change () Addition
Name: PARROTT, CHRIS
Address: 6420 - 91ST AVE EAST
City-St-Zip: PARRISH, FL 34219

Title: () Change () Addition
Name:
Address:
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: DONNA BLIZMAN

TREA

02/20/2008

Electronic Signature of Signing Officer or Director

Date