

# 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 ( ) 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 TAMMIAMI 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