

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005202

FILED
Mar 02, 2009
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: KNAUER, BRIAN
Address: 1304 N DALE MABRY HWY #320
City-St-Zip: TAMPA, FL 33618

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 J BLIZMAN

TREA

03/02/2009

Electronic Signature of Signing Officer or Director

Date