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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001960

1. Corporation Name
EAST COAST ASSOCIATION OF HEALTH UNDERWRITERS, I NC.

Principal Place of Business	Mailing Address
P.O. BOX 9753 DAYTONA BEACH FL 32120-9753	P.O. BOX 9753 DAYTONA BEACH FL 32120-9753

2. Principal Place of Business 21 PO Box 9753 22 Suite, Apt. #, etc. 23 City & State: Daytona Beach Volusia 24 Zip: 32120 25 Country: USA	2a. Mailing Address 26 PO Box 9753 27 Suite, Apt. #, etc. 28 City & State: Daytona Beach FL 29 Zip: 32120 30 Country:	3. Date Incorporated or Qualified: 04/03/1998 4. FEI Number: 59-3569427 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BECKER, REBECCA M
57 NICHOLAS COURT
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOLLAN, VICKEY P.O. BOX 9753 DAYTONA BEACH FL 32120-9753 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Pres. JENNIE HAWKINS 1518 CASEY LANE PORT ORANGE FL 32119 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GOSLINE, CLAUDIA P.O. BOX 9753 DAYTONA BEACH FL 32120-9753 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D GEORGE DENYS 160 BREEZWAY CT. NEW SMYRNA BEACH FL 32169 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DENI, CAROLYN P.O. BOX 9753 DAYTONA BEACH FL 32120-9753 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D S/T LOUISE FUNCHEON 36 TREE TOP CIRCLE ORMOND BEACH FL 32174 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FUNCHEON, LOUISE P.O. BOX 9753 DAYTONA BEACH FL 32120-9753 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D T/T LOUISE FUNCHEON 36 TREE TOP CIRCLE ORMOND ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PAUL REININGER 123 WINDWARD WAY INDIAN HARBOR BEACH FL 32937 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-24-99 904-437-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LOUISE A. FUNCHEON