

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005164

FILED
Feb 05, 2004
Secretary of State**Entity Name:** JACKSONVILLE ASSOCIATION OF HEALTH UNDERWRITERS, INC.**Current Principal Place of Business:**6639 SOUTHPOINT PKWY
107
JACKSONVILLE, FL 32216**New Principal Place of Business:****Current Mailing Address:**PO BOX 57581
JACKSONVILLE, FL 322417581**New Mailing Address:****FEI Number:** 59-3299544**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHOEPPEL, PAM
6639 SOUTHPOINT PKWY STE 107
JACKSONVILLE, FL 32216 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: DP () Delete
Name: KOURY, GEORGE
Address: 9803 OLD ST. AUGUSTINE RD 1
City-St-Zip: JACKSONVILLE, FL 32241

Title: DC () Delete
Name: JACKSON, COLBY
Address: 10151 DEERWOOD PARK BLVD. BLDG 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: DT () Delete
Name: JAN-LUCKIN, BILL
Address: 7880 BELLEMEADE BLVD S
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: SCHOEPPEL, PAM
Address: 6639 SOUTHPOINT PKWY, STE 107
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: DEESE, F DOUGLAS
Address: 725 LAKE GENEVA DR
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DENZ, STEPHANIE
Address: 9000 CYPRESS GREEN DR., #108
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVP (X) Change () Addition
Name: GOLDFIELD, IRA
Address: 1 INDEPENDENT DR., #2901
City-St-Zip: JACKSONVILLE, FL 32202

Title: DT (X) Change () Addition
Name: SANDEFUR, PRISCILLA
Address: 1665 SAN MARCO BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS (X) Change () Addition
Name: STETTNER, CINDI
Address: 1113 LINWOOD LOOP
City-St-Zip: JACKSONVILLE, FL 32259

Title: D (X) Change () Addition
Name: KOURY, GEORGE
Address: 8665 BAYPINE RD., #110
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PRISCILLA SANDEFUR

DT

02/05/2004

Electronic Signature of Signing Officer or Director

Date