

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005164

FILED  
Jan 24, 2008  
Secretary of State

**Entity Name:** JACKSONVILLE ASSOCIATION OF HEALTH UNDERWRITERS, INC.

**Current Principal Place of Business:**

4348 SOUTH POINT BLVD  
STE 201  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4348 SOUTH POINT BLVD  
SUITE 201  
JACKSONVILLE, FL 32216

**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:**

SCHOEPPPEL, PAM  
4348 SOUTH POINT BLVD  
STE 201  
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: OWEN, TIM  
Address: P O BOX 600555  
City-St-Zip: JACKSONVILLE, FL 32260

Title: DVP ( ) Delete  
Name: WINGATE, OWEN  
Address: 155 PROFESSIONAL DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DT ( ) Delete  
Name: LAVERTY, PATTIE  
Address: 4348 SOUTH POINT DR., SUITE 201  
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: D ( ) Delete  
Name: DURRENCE, JAMIE  
Address: 841 PRUDENTIAL DR #F390  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: WINGATE, OWEN  
Address: 155 PROFESSIONAL DRIVE  
City-St-Zip: PONTE VEDRA, FL 32082

Title: DVP (X) Change ( ) Addition  
Name: PAYNE, KEVIN  
Address: 1409 GIBRALTER LANE  
City-St-Zip: ORANGE PARK, FL 32003

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

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

Title: DB (X) Change ( ) Addition  
Name: DURRENCE, JAMIE  
Address: 841 PRUDENTIAL DR #F390  
City-St-Zip: JACKSONVILLE, FL 32207

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: PATTIE LAVERTY

DT

01/24/2008

Electronic Signature of Signing Officer or Director

Date