

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005164

FILED
Mar 26, 2009
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:

155 PROFESSIONAL DRIVE
PONTE VEDRA BEACH, FL 32082

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: WINGATE, OWEN
Address: 155 PROFESSIONAL DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: KENNE, KELLY
Address: 155 PROFESSIONAL DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: KELLY KENNE

DT

03/26/2009

Electronic Signature of Signing Officer or Director

Date