

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005164

FILED
Apr 19, 2012
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:

155 PROFESSIONAL DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

556 LINDA STREET
MACCLENNY, FL 32063

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
Name: FRANKLIN, ROBERT
Address: 556 LINDA STREET
City-St-Zip: MACCLENNY, FL 32063

Title: DVP
Name: MALZACHER, JOE
Address: 556 LINDA STREET
City-St-Zip: MACCLENNY, FL 32063

Title: DT
Name: JAY, TRAVIS
Address: 556 LINDA STREET
City-St-Zip: MACCLENNY, FL 32063

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

I hereby 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 all other like empowered.

SIGNATURE: TRAVIS JAY

DT

04/19/2012

Electronic Signature of Signing Officer or Director

Date