

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078102

FILED
Apr 24, 2007
Secretary of State

Entity Name: SPACE COAST ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Current Principal Place of Business:

680 W. EAU GALLIE BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

690 W. EAU GALLIE BLVD
MELBOURNE, FL 32935

Current Mailing Address:

P.O. BOX 361522
MELBOURNE, FL 32936

New Mailing Address:

FEI Number: 59-3642269 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DROPESKI, CYNTHIA R
690 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DROPESKI, CINDY
Address: 690 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: DP () Delete
Name: AUCLAIR, KIMBERLY
Address: 99 NORTH ATLANTIC AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: VPD () Delete
Name: HANDA, ANGELA
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY DROPESKI

STD

04/24/2007

Electronic Signature of Signing Officer or Director

Date