

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726214

Entity Name: NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS NORTHEAST FLORIDA INC.**Current Principal Place of Business:**12020 WINSTEAD RD
JACKSONVILLE, FL 32220**Current Mailing Address:**P.O. BOX 37028
JACKSONVILLE, FL 32236**FEI Number: 59-1890671****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COOMBS OHMER, CHERRI M
12020 WINSTEAD RD
JACKSONVILLE, FL 32220 US*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

Officer/Director Detail :

Title EXECUTIVE SECRETARY,
TREASURER
Name COOMBS OHMER, CHERRI MS,M
Address 12020 WINSTEAD RD
City-State-Zip: JACKSONVILLE FL 32220

Title OFFICER
Name BRYANT, WILLIAM G
Address 6688 CABELLO DRIVE
City-State-Zip: JACKSONVILLE FL 32226

Title PRESIDENT
Name JAMES, CURTIS
Address 5011 GATE PARKWAY
BLDG 100, SUITE 200
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name BONGIORNO, JENNIFER
Address 9905 OLD ST. AUGUSTINE ROAD
SUITE # 502
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name BURST, ALICIA
Address 4190 BELFORT ROAD, STE 110
City-State-Zip: JACKSONVILLE FL 32236

Title DIRECTOR
Name FJELSTAD, SCOTT
Address 13872 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title VP
Name CAMPBELL, MATTHEW J
Address 701 SAN MARCO BLVD
SUITE #1901
City-State-Zip: JACKSONVILLE FL 32207

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: COOMBS OHMER, CHERRI, M**EXECUTIVE SECRETARY 04/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date