

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726214

**Entity Name:** NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL  
ADVISORS-JACKSONVILLE, FLORIDA, INC.**FILED**  
**Mar 23, 2017**  
**Secretary of State**  
**CC8422693296****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
Name	COOMBS OHMER, CHERRI MS,M
Address	12020 WINSTEAD RD
City-State-Zip:	JACKSONVILLE FL 32220

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

Title	OFFICER
Name	HARNER, MARAGARET G
Address	4540 SOUTHSIDE BLVD, STE 1102
City-State-Zip:	JACKSONVILLE FL 32216

Title	PRESIDENT
Name	CANZANELLA, CHERYL
Address	200 W. FORSYTH STREE SUITE 600
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	COOK, CINDI
Address	7933 BAYMEADOWS WAY SUITE 3
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR
Name	MULLINAX, VAN J
Address	P.O. BOX 5275
City-State-Zip:	JACKSONVILLE FL 32247

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

Title	DIRECTOR
Name	FOY, THOMAS JR.
Address	961687 GATEWAY BLVD SUITE 201F
City-State-Zip:	FERNANDINA BEACH FL 32034

**Continues on page 2**

*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: CHERRI COOMBS OHMER****EXECUTIVE SECRETARY 03/23/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name HALLORAN, MICHAEL  
Address 1301 RIVERPLACE BLVD  
2540  
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER  
Name BROOME, II, PAUL  
Address 1912 HAMILTON STREE  
SUITE 101  
City-State-Zip: JACKSONVILLE FL 32210