

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726214

Entity Name: NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL
ADVISORS-JACKSONVILLE, FLORIDA, INC.**FILED**
Apr 30, 2018
Secretary of State
CC3011509888**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	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	PRESIDENT
Name	HALLORAN, MICHAEL
Address	6054 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217

Title	VP
Name	TISON, ROBERT
Address	12341 YELLOW BLUFF ROAD
City-State-Zip:	JACKSONVILLE FL 32226

Title	TREASURER
Name	JAMES, CURTIS
Address	10375 CENTURION PARKWAY NORTH #300
City-State-Zip:	JACKSONVILLE FL 32256

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 04/30/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date