2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004815

Entity Name: FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

FILED
Jan 12, 2017
Secretary of State
CC1196017933

Current Principal Place of Business:

407 CENTERPOINTE CIRCLE

SUITE 1637

ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

P.O. BOX 150358

ALTAMONTE SPRINGS, FL 32715-0358 US

FEI Number: 65-0605904 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHERRILL, DAVID M 407 CENTERPOINTE CIRCLE SUITE 1637 ALTAMONTE SPRINGS, FL 32701 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: DAVID M SHERRILL 01/12/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title

 Title
 IMMEDIATE PAST PRESIDENT
 Title
 EXECUTIVE DIRECTOR

 Name
 DEININGER, PAUL
 Name
 SHERRILL, DAVID M

Address PO BOX 372696 Address 407 CENTERPOINTE CIRCLE

City-State-Zip: SATELLITE BEACH FL 32937-0696

City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title PRESIDENT Title TREASURER

Name KENNETH, STEVENSON Name HEDIGER, DEBBIE R
Address 3131 LONNBLADH ROAD Address 400 N TAMPA ST

City-State-Zip: TALLAHASSEE FL 32308-4255 SUITE 1900

City-State-Zip: TAMPA FL 33602-4776

Name ISRAEL, STEVE Title VP

Address 4204 MANOR FOREST TRAIL Name HOFFMAN, ARTHUR
City-State-Zip: BOYNTON BEACH FL 33436-8851 Address 5074 NW 86 WAY

City-State-Zip: POMPANO BEACH FL 33067

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: DAVID M. SHERRILL

PRESIDENT-ELECT

EXECUTIVE DIRECTOR

01/12/2017