2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# 703118

Entity Name: OKALOOSA COUNTY ASSOCIATION OF INDEPENDENT INSURANCE AGENTS, INC.

Current Principal Place of Business:

45 EGLIN PARKWAY NW, SUITE 202
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

45 EGLIN PARKWAY NW, SUITE 202
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-2897951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, KENNETH W
45 EGLIN PARKWAY NW
SUITE 202
FORT WALTON BEACH, FL 32548 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

OFFICERS AND DIRECTORS:

Title: STD
Name: WALKER, KENNETH W
Address: 45 EGLIN PARKWAY NW, SUITE 202
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPD
Name: HURSTON, ROD
Address: 1701 WEST GARDEN STREET
City-St-Zip: PENSACOLA, FL 32502

Title: PD
Name: HARRIS, JAMES
Address: 51 MARY ESTHER BLVD
City-St-Zip: MARY ESTHER, FL 32569

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: KENNETH W WALKER STD 04/21/2011

Electronic Signature of Signing Officer or Director — Date