

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704933

FILED
Apr 28, 2008
Secretary of State

Entity Name: FLORIDA INSURANCE COUNCIL, INC.

Current Principal Place of Business:

2888 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 13686
TALLAHASSEE, FL 323173686 US

New Mailing Address:

FEI Number: 59-0996633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARVIN, III, GUY
2888 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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: CE () Delete
Name: GRAWE, GEORGE
Address: 780 CARILLON PARKWAY, SUITE 400
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VCT () Delete
Name: DUDLEY, BILL
Address: 1932 WYNNNTON ROAD
City-St-Zip: COLUMBUS, GA 31999

Title: D () Delete
Name: RING, TIM
Address: 27-01 QUEENS PLAZA NORTH
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: C () Delete
Name: KOVAL, TOM
Address: 6300 UNIVERSITY PARKWAY
City-St-Zip: SARASOTA,, FL 342408424

Title: D () Delete
Name: JENNINGS, MICHAEL A
Address: 701 SAN MARCO BLVD, 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 322078100

Title: PRES () Delete
Name: MARVIN, III, GUY
Address: 2888 REMINGTON GREEN LANE, SUITE A
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GRAWE, GEORGE
Address: 780 CARILLON PARKWAY, SUITE 400
City-St-Zip: ST. PETERSBURG, FL 33716

Title: CE (X) Change () Addition
Name: DUDLEY, BILL
Address: 1932 WYNNNTON ROAD
City-St-Zip: COLUMBUS, GA 31999

Title: T (X) Change () Addition
Name: DRISCOLL, KURT
Address: 1000 RIVERSIDE AVENUE, SUITE 800
City-St-Zip: JACKSONVILLE, FL 32204

Title: PC (X) Change () Addition
Name: KOVAL, TOM
Address: 6300 UNIVERSITY PARKWAY
City-St-Zip: SARASOTA,, FL 342408424

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GUY MARVIN, III

Electronic Signature of Signing Officer or Director

PRES

04/28/2008

_____ Date