2004 NOT-FOR-PROFIT CORPORATION

Jan 12, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # 742278** 01-12-2004 90005 013 ****61.25 1. Entity Name FLORIDA GOLD COAST CHAPTER OF THE SOCIETY OF CHARTERED PROPERTY AND CASUALTY UNDERWRITERS, INC. Principal Place of Business Mailing Address **KQ/UUUFF** 8164C ANDOVER CT 8164C ANDOVER CT WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1843498 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUBBART, PAMELA Street Address (P.O. Box Number is Not Acceptable) 8164C ANDOVER CT WEST PALM BEACH, FL 33406 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 3: - 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Floride Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ☐ Change ☐ Addition TITLE Delete TITLE STINSON, STEVE NAME NAME 224 2ND TERR. STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP SD - Belete **Z** Addition TITLE TITLE ORI LOVGREW VALLEY: JOYCE-NAME NAME ODRE STREET ADDRESS 901 PENINSULA CORP CIRCLE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33421 CITY-ST-7IP TITLE D ☐ Delete ☐ Change ☐ Addition TITI E NAME DRESBACK, DONALD NAME 118 SEA ISLAND TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 00000, CITY-ST-7IP TD ☐ Change ☐ Addition TITI F Delete TITLE HUBBART, PAMELA NAME NAME 81640 ANDOVER CT. STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33406 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE MCINTOSH, CAROLYN NAME NAME 12212 153RD CT. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 CITY-ST-ZIF ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED