

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005605

FILED
Jun 25, 2008
Secretary of State

Entity Name: WINDSTORM INSURANCE NETWORK, INC.

Current Principal Place of Business:

4360 DEVEREUX DRIVE
PENSACOLA, FL 32504

New Principal Place of Business:

2929 LANGLEY AVENUE
SUITE 203
PENSACOLA, FL 32504

Current Mailing Address:

4360 DEVEREUX DRIVE
PENSACOLA, FL 32504

New Mailing Address:

3625 NW 82 AVE
SUITE 306
MIAMI, FL 33166

FEI Number: 59-3604274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COWHEARD, DAVID
3625 NW 82ND AVENUE
MIAMI, FL 33166 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: VP () Delete
Name: MCCRINK, PATRICK
Address: PO BOX 30180
City-St-Zip: TAMPA, FL 33630

Title: PD () Delete
Name: KELLY, JANICE
Address: PO BOX 2593
City-St-Zip: ORLANDO, FL 32802

Title: SD () Delete
Name: ART, NEWMAN
Address: 1520 S POWERLINE RD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: TD () Delete
Name: COWHEARD, DAVID
Address: 3625 NW 82ND AVENUE, SUITE 306
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCRINK, PATRICK
Address: PO BOX 30180
City-St-Zip: TAMPA, FL 33630

Title: VP (X) Change () Addition
Name: NEWMAN, ART
Address: 1520 S POWERLINE RD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SD (X) Change () Addition
Name: SCHEIHING, MICHAELA
Address: P.O. BOX 11830
City-St-Zip: DAYTONA BEACH, FL 32120

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: DAVID COWHEARD

TD

06/25/2008

Electronic Signature of Signing Officer or Director

_____ Date