

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000082710

FILED
Mar 11, 2011
Secretary of State

Entity Name: COMMUNITY INSURANCE, INC.

Current Principal Place of Business:

12270 SW 3RD ST
SUITE 200
PLANTATION, FL 33325

New Principal Place of Business:

Current Mailing Address:

PO BOX 559009
FT. LAUDERDALE, FL 33355

New Mailing Address:

FEI Number: 65-0730206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAUGHAN, CRAIG A
12270 SW 3 STREET
SUITE 200
PLANTATION, FL 33325 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: C
Name: DONNELLY, JAMES P
Address: 12270 SW 3 STREET, SUITE 200
City-St-Zip: PLANTATION, FL 33325

Title: VPST
Name: VAUGHAN, CRAIG A
Address: 12270 SW 3 STREET, SUITE 200
City-St-Zip: PLANTATION, FL 33325

Title: P
Name: HARTMAN, JAMES
Address: 12270 SW 3 STREET, SUITE 200
City-St-Zip: PLANTATION, FL 33325

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG VAUGHAN

VPST

03/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date