

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704933

Entity Name: FLORIDA INSURANCE COUNCIL, INC.**Current Principal Place of Business:**150 SOUTH MONROE STREET
SUITE 206
TALLAHASSEE, FL 32301**Current Mailing Address:**P O BOX 749
TALLAHASSEE, FL 32302-0749 US**FEI Number: 59-0996633****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEARCE, CECIL
150 SOUTH MONROE STREET, SUITE 206
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	CHAIR
Name	WARD, DAVID
Address	11225 NORTH COMMUNITY HOUSE ROAD
City-State-Zip:	CHARLOTTE NC 28277

Title	CHAIR ELECT
Name	MUSSER, ERIC
Address	6101 ANACAPRI BLVD
City-State-Zip:	LANSING MI 48917

Title	SECRETARY
Name	MATZ, JR, DONALD C
Address	7201 NW 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	PRESIDENT
Name	PEARCE, CECIL
Address	150 S. MONROE STREET, SUITE 206
City-State-Zip:	TALLAHASSEE FL 32301
Title	TREASURER
Name	PIZZI, DAVID
Address	4800 DEERWOOD CAMPUS PARKWAY DCC 8-2
City-State-Zip:	JACKSONVILLE FL 32246

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: CECIL PEARCE**PRESIDENT****01/08/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date