2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704933

Entity Name: FLORIDA INSURANCE COUNCIL, INC.

Feb 05, 2024 **Secretary of State** 4507478612CC

FILED

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:

PRESIDENT Title Title CHAIR, IMMEDIATE PAST

PEARCE, CECIL PIZZI. DAVID Name Name

Address 150 S. MONROE STREET, SUITE 206 Address 4800 DEERWOOD CAMPUS PARKWAY

City-State-Zip: TALLAHASSEE FL 32301 DCC 8-2

JACKSONVILLE FL 32246 City-State-Zip: Title CHAIR ELECT

Name CAMERINO, PEGGY Title **CHAIR**

Address 3700 S. STONEBRIDGE DR Name RAYMOND, WAUGH

City-State-Zip: MCKINNEY TX 75070 6870 COHRANE MILL ROAD Address

City-State-Zip: RANDLEMAN NC 27317 **TREASURER**

Title

Name THOMPSON, RICHARD Title **SECRETARY** Name WEBB, JENNIFER Address 1390 MAIN STREET

City-State-Zip: SARASOTA FL 34236 Address 1201 NEW YORK AVE NW

1010A

City-State-Zip: WASHINGTON DC 20005

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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/05/2024