

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706068

**Entity Name:** INDEPENDENT INSURANCE AGENTS OF GREATER TAMPA, INC.

**FILED**  
**Jun 08, 2015**  
**Secretary of State**  
**CC7637432175**

**Current Principal Place of Business:**

14825 WINDING CREEK CT  
TAMPA, FL 33613

**Current Mailing Address:**

POST OFFICE BOX 271081  
TAMPA, FL 33688

**FEI Number: 59-6139291**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MATTHEWS, LORI  
14825 WINDING CREEK CT  
TAMPA, FL 33613 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 P  
Name BLACK, MORGAN  
Address 30617 BITTSBURY CT  
City-State-Zip: WESLEY CHAPEL FL 33543

Title VP  
Name ELLSASSER, ED  
Address 5402 W. LAUREL STREET #220  
City-State-Zip: TAMPA FL 33607

Title OFFICER  
Name SWAFFORD, JAMI  
Address 3116 VALLEY OAKS DRIVE  
City-State-Zip: TAMPA FL 33618

*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: ED ELLSASSER**

**VP**

**06/08/2015**

Electronic Signature of Signing Officer/Director Detail

Date