

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009600

**Entity Name:** FLORIDA INSURANCE FRAUD EDUCATION COMMITTEE, INC.**Current Principal Place of Business:**100 COLONIAL CENTER PARKWAY  
SUITE 240  
LAKE MARY, FL 32746**Current Mailing Address:**100 COLONIAL CENTER PARKWAY  
SUITE 240  
LAKE MARY, FL 32746 US**FEI Number:** 59-3427715**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAMESON, TODD  
100 COLONIAL CENTER PARKWAY  
SUITE 240  
LAKE MARY, FL 32746 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:** TODD JAMESON

04/04/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIR
Name	ALVAREZ, JESUS
Address	100 COLONIAL CENTER PARKWAY SUITE 240
City-State-Zip:	LAKE MARY FL 32746

Title	CO-CHAIR
Name	LOPEZ, EDDIE
Address	PO BOX 2841
City-State-Zip:	PONTE VEDRA BEACH FL 32004

Title	SECRETARY
Name	YOUNG, JANICE
Address	100 COLONIAL CENTER PARKWAY SUITE 240
City-State-Zip:	LAKE MARY FL 32746

Title	CO-CHAIR
Name	PARKER, ANTHONY
Address	100 COLONIAL CENTER PARKWAY SUITE 240
City-State-Zip:	LAKE MARY FL 32746

Title	T
Name	JAMESON, TODD
Address	100 COLONIAL CENTER PARKWAY SUITE 240
City-State-Zip:	LAKE MARY FL 32746

Title	D
Name	BLANK, SIMON
Address	200 E GAINES ST
City-State-Zip:	TALLAHASSEE FL 32399-0324

*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:** TODD JAMESON**TREASURER**

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date