2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004374

Entity Name: FLORIDA ASSOCIATION OF PUBLIC INSURANCE ADJUSTERS,

INC.

FILED Feb 05, 2024 Secretary of State 8318681889CC

Current Principal Place of Business:

9100 SOUTH DADELAND BLVD, SUITE 1557 MIAMI, FL 33156

Current Mailing Address:

9100 SOUTH DADELAND BLVD, SUITE 1557 MIAMI, FL 33156 US

FEI Number: 59-3256640 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOMINGUEZ, NANCY 9100 SOUTH DADELAND BLVD 1557 MIAMI, FL 33156 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: NANCY DOMINGUEZ 02/05/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **PRESIDENT** Title PRESIDENT ELECT Name HORNBUCKLE, JOHN Name MOYA, JUAN Address 9822 NE 2ND AVENUE, SUITE #10 Address P.O. BOX 4192 City-State-Zip: MIAMI SHORES FL 33138 City-State-Zip: HIALEAH FL 33014

Title VP Title MANAGER

Name ALTIERI, FRANCIS Name DOMINGUEZ, NANCY

Address 400 NORTH TAMPA STREET Address 9100 SOUTH DADELAND BLVD,

SUITE 1850 SUITE 1500

City-State-Zip: TAMPA FL 33602 City-State-Zip: MIAMI FL 33156

TitleTREASURERTitleSECRETARYNameWALIGORA, JOHNNameGABRIEL, WENDIAddress1333 THIRD AVENUE SOUTHAddress2341 NW 30 STREET

SUITE 407 City-State-Zip: OAKLAND PARK FL 33311

City-State-Zip: NAPLES FL 34102

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: NANCY A DOMINGUEZ MANAGER 02/05/2024