

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703321

FILED  
May 11, 2010  
Secretary of State

**Entity Name:** PINELLAS ASSOCIATION OF INSURANCE AGENTS, INC.

**Current Principal Place of Business:**

2433 GULF TO BAY BLVD  
CLEARWATER, FL 33765

**New Principal Place of Business:**

4790 1ST ST N  
ST PETERSBURG, FL 33703

**Current Mailing Address:**

2433 GULF TO BAY BLVD  
CLEARWATER, FL 33765

**New Mailing Address:**

4790 1ST ST N  
ST PETERSBURG, FL 33703

**FEI Number:** 59-1966136      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BLANCHARD, GEORGE F.  
2433 GULF TO BAY BLVD  
CLEARWATER, FL 33765      US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** YOUNG, TROY  
**Address:** 4790 1ST ST N  
**City-St-Zip:** ST PETERSBURG, FL 33703

**Title:** EVP  
**Name:** BELL, MICHAEL  
**Address:** 300 1ST AVE S  
**City-St-Zip:** SAINT PETERSBURG, FL 33701

**Title:** VP  
**Name:** PROBST, MICHAEL  
**Address:** 12080 S BELCHER RD  
**City-St-Zip:** SAINT PETERSBURG, FL 33733

**Title:** S  
**Name:** COSPER, DAVID  
**Address:** 3939 TAMPA RD  
**City-St-Zip:** OLDSMAR, FL 34677

**Title:** D  
**Name:** DROSS, MATTHEW  
**Address:** 800 CARILLON PARKWAY, SUITE 150  
**City-St-Zip:** ST PETERSBURG, FL 33716

**Title:** D  
**Name:** PUFFER, MICHAEL  
**Address:** 800 49TH ST N  
**City-St-Zip:** ST PETERSBURG, FL 33710

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: TROY YOUNG

P

05/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date