

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703321

FILED  
Feb 16, 2011  
Secretary of State

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

**Current Principal Place of Business:**

4790 1ST ST N  
ST PETERSBURG, FL 33703

**New Principal Place of Business:**

300 FIRST AVE S, FIFTH FLOOR  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

4790 1ST ST N  
ST PETERSBURG, FL 33703

**New Mailing Address:**

300 FIRST AVE S, FIFTH FLOOR  
ST PETERSBURG, FL 33701

**FEI Number:** 59-1966136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

BELL, MICHAEL  
300 FIRST AVE S, FIFTH FLOOR  
ST PETERSBURG, FL 33701 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: MICHAEL BELL

02/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: EVP  
Name: PROBST, MICHAEL  
Address: 12080 S BELCHER RD  
City-St-Zip: LARGO, FL 33777

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

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

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

D

02/16/2011

Electronic Signature of Signing Officer or Director

Date