

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703620 (5)

1. Corporation Name

INDEPENDENT INSURANCE AGENTS OF VOLUSIA COUNTY, INC.



Principal Place of Business

Mailing Address

**1811 JUNIPER DR
EDGEWATER FL 32132
US**

**1811 JUNIPER DR
EDGEWATER FL 32132
US**

3. Date Incorporated or Qualified
02/21/1962

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TER-HAAR, LILLIAN I
1811 JUNIPER DR
EDGEWATER FL 32114**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and state if applicable)

(If 11. Registered agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

**RICHARDSON, MARTY
194 LEISURE CIR.
PT. ORANGE FL**

☒ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

**BARLOW, BOBBI, P
220 S RIDGEWOOD
DAYTONA BEACH FL**

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP

**WILLIAMS, ED
1120 BEVILLE RD
DAYTONA BEACH FL**

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

P

**LYDECKER, CHARLES
534 SANDY OAKS BLVD
ORMOND BEACH FL**

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

T

**TER-HAAR, LILLIAN I
1811 JUNIPER DR
EDGEWATER FL**

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

**WHITE, JERRY
141 SAGE BRUSH TRAIL
ORMOND BCH. FL**

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**Vice President
Chris Fulton
1154 N. Ridgewood Ave
Daytona Beach, FL 32114**

☐ Change

☒ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

President

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

**Director
Lydecker, Charles**

☒ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E. David Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. David Williams President

4/20/96

904/253-7654

CR2E037 (12/95)