

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

220 S RIDGEWOOD AVE
STE 500
DAYTONA BCH FL 32114
US

PO BOX 2412
DAYTONA BCH FL 32114
US



3. Date Incorporated or Qualified

02/21/1962

4. FEI Number

59-6139080

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KISER, JEFF
220 S RIDGEWOOD AVE
C/O POE & BROWN
DAYTONA BCH 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
FULTON, CHRIS
STREET ADDRESS
220 S RIDGEWOOD AVE
CITY-ST-ZIP
DAYTONA BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TREASURER

Philip Scarcella

PO BOX 250876 32 Freeport Lane

PAIM CORP, FL 32155 32137

TITLE ☐ DELETE

NAME
BARLOW, BOBBI, P
STREET ADDRESS
220 S RIDGEWOOD
CITY-ST-ZIP
DAYTONA BEACH FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change ☒ Addition

Change ☐ Addition

TITLE ☐ DELETE

NAME
WILLIAMS, ED
STREET ADDRESS
1120 BEVILLE RD
CITY-ST-ZIP
DAYTONA BEACH FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change ☐ Addition

Change ☐ Addition

TITLE ☐ DELETE

NAME
LYDECKER, CHARLES
STREET ADDRESS
534 SANDY OAKS BLVD
CITY-ST-ZIP
ORMOND BEACH FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change ☐ Addition

Change ☐ Addition

TITLE ☐ DELETE

NAME
KISER, JEFF
STREET ADDRESS
220 S RIDGEWOOD AVE
CITY-ST-ZIP
DAYTONA BCH FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change ☐ Addition

Change ☐ Addition

TITLE ☒ DELETE

NAME
NELSON, BRIAN
STREET ADDRESS
115 N RIDGEWOOD AVE
CITY-ST-ZIP
DAYTONA BCH FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☐ Addition

Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Signature

4/2/98

90443711710

CP2E037 (10/97)