2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 707037

Entity Name: INDEPENDENT INSURANCE AGENTS OF BROWARD COUNTY, INC.

Current Principal Place of Business:

5035 REGENCY ISLES WAY
COOPER CITY, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551348
DAVIE, FL 333551348 US

New Mailing Address:

FEI Number: 59-0944561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FASSBACH, KAREN P
5035 REGENCY ISLES WAY
COOPER CITY, FL 33330 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:	PRES	( ) Delete
Name:	GIBBS, RICK	
Address:	1000 SOUTH STATE RD. 7	
City-St-Zip:	PLANTATION, FL 33317 US	
Title:	VP	( ) Delete
Name:	VAUGHT, JIM	
Address:	2950 HOLLYWOOD BLVD	
City-St-Zip:	HOLLYWOOD, FL 33020 US	
Title:	SEC	(X) Delete
Name:	HONOLD, JOE	
Address:	2590 HOLLYWOOD BLVD.	
City-St-Zip:	HOLLYWOOD, FL 33020 US	
Title:	DIR	(X) Delete
Name:	PEEPLES, BROOKSIE	
Address:	5720 MARGATE BLVD	
City-St-Zip:	MARGATE, FL 33063 US	
Title:	ED	(X) Delete
Name:	FASSBACH, KAREN	
Address:	5035 REGENCY ISLES WAY	
City-St-Zip:	COOPER CITY, FL 33330 US	
Title:	DIR	(X) Delete
Name:	GORODETSKY, LEE	
Address:	1001 W. CYPRESS CREEK RD., #414	
City-St-Zip:	FT LAUDERDALE, FL 33309 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TREA	(X) Change ( ) Addition
Name:	CLEIN, STEVE	
Address:	P.O. BOX 824024	
City-St-Zip:	SOUTH FLORIDA, FL 33082 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN FASSBACH ED 04/30/2009

Electronic Signature of Signing Officer or Director — Date