2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
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
Name: HONOLD, JOE
Address: 2590 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020 US

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

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: KAREN FASSBACH ED 01/05/2011

Electronic Signature of Signing Officer or Director — Date