

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707714

FILED
Apr 29, 2010
Secretary of State

Entity Name: PROFESSIONAL INSURANCE AGENTS OF FLORIDA, INC.

Current Principal Place of Business:

1390 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1390 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-0870355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNELL, MARK
1390 TIMBERLANE RD.
TALLAHASSEE, FL 32312 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: P
Name: SAMBERG, BRIAN
Address: 19575-5 STATE ROAD 7
City-St-Zip: BOCA RATON, FL 33498

Title: PE
Name: GODWIN, KYM
Address: 502 S WOODLAND BLVD
City-St-Zip: DELAND, FL 32720

Title: EVP
Name: O'CONNELL, MARK
Address: 1390 TIMBERLANE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: ZELMAN, PHILIP
Address: 8700 W. FLAGLER STREET, SUITE 320
City-St-Zip: MIAMI, FL 33174

Title: D
Name: GELLER, ROBERT
Address: 4979 NORTH STATE ROAD 7
City-St-Zip: TAMARAC, FL 33319

Title: D
Name: FOWINKLE, ROBERT
Address: 120 53RD AVE WEST
City-St-Zip: BRADENTON, FL 34207

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: MARK O'CONNELL

EVP

04/29/2010

Electronic Signature of Signing Officer or Director

Date