

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716726

FILED
Apr 29, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF SELF INSURANCE, INC.

Current Principal Place of Business:

222 S WESTMONTE DRIVE
SUITE 101
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

222 S WESTMONTE DRIVE
SUITE 101
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-2192394 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KAUTTER, WILLARD
222 S WESTMONTE DRIVE SUITE 101
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

KAUTTER, WILLARD S
222 S WESTMONTE DRIVE SUITE 101
ALTAMONTE SPRINGS, FL 32714 US

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: WILLARD S. KAUTTER

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHUFFER, GAIL
Address: 300 S ADAMS ST BOX A-34
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: HYDE, BETHAN
Address: 2170 S SR 434 #494
City-St-Zip: LONGWOOD, FL 32779

Title: FVPD () Delete
Name: SHAW, ED
Address: 4908 W NASSAU ST
City-St-Zip: TAMPA, FL 33607

Title: ED () Delete
Name: KAUTTER, WILLARD
Address: 222 S WESTMONTE DR SUITE 101
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ED (X) Change () Addition
Name: KAUTTER, WILLARD S
Address: 222 S WESTMONTE DR SUITE 101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: WILLARD S. KAUTTER

ED

04/29/2009

Electronic Signature of Signing Officer or Director

Date