2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# 716726

Entity Name: FLORIDA ASSOCIATION OF SELF INSUREDS, 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 S
222 S WESTMONTE DRIVE SUITE 101
ALTAMONTE SPRINGS, FL 32714 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: PPD
Name: SHUFFER, GAIL
Address: 300 S ADAMS ST BOX A-34
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD
Name: PAINTER, DEAN
Address: 524 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: PD
Name: SHAW, ED
Address: 4908 W NASSAU ST
City-St-Zip: TAMPA, FL 33607

Title: ED
Name: KAUTTER, WILLARD S
Address: 222 S WESTMONTE DR SUITE 101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: WILLARD S KAUTTER ED 03/29/2011

Electronic Signature of Signing Officer or Director Date