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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 17 1997 8:00am  
Secretary of State

DOCUMENT # 719209 (9)

1. Corporation Name

FLORIDA PREMIUM FINANCE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1284 TIMBERLANE ROAD  
P.O. BOX 3066  
TALLAHASSEE FL 32312-1710

P.O. BOX 680340  
~~MIAMI~~  
N. MIAMI FL 33168-0340  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOCKENBACK, BARBARA  
12501 N.W. 7TH AVE.  
~~MIAMI~~  
N. MIAMI FL 33168

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD  
NAME GOCKENBACH, BARBARA  
STREET ADDRESS 12501 NW 7TH AVE  
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE SVPD  
NAME PEEPLES, BROOKISIE  
STREET ADDRESS PO BOX 63-8639  
CITY- ST- ZIP MARGATRE FL

☐ DELETE

TITLE PD  
NAME BILL ERWIN, JR.  
STREET ADDRESS P. O. BOX 9540  
CITY- ST- ZIP JACKSONVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 5750 Margate Blvd. #201  
2.4 CITY- ST- ZIP Margate, Fl. 33063

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 701 Sisk Street #350  
3.4 CITY- ST- ZIP Jacksonville, Fl. 32204

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE

*Barbara Gockenbach*

*2/1/97*

*305-681-0000*

CR2E037 (9/96)