# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2004**
**Secretary of State**

DOCUMENT# 719209

**Entity Name:** FLORIDA PREMIUM FINANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

1264 TIMBERLANE ROAD
P.O. BOX 3066
TALLAHASSEE, FL 323121710

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 680340
4TH FL
N. MIAMI, FL 331680340 US

**New Mailing Address:**

P.O. BOX 680340
N. MIAMI, FL 331680340 US

**FEI Number: 59-1323115** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOCKENBACK, BARBARA
12501 N.W. 7TH AVE.
4TH FL
N. MIAMI, FL 33168 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: TD ( ) Delete
Name: GOCKENBACH, BARBARA
Address: 12501 NW 7TH AVE
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete
Name: ERWIN, BILL J
Address: 701 SISK ST. STE 350
City-St-Zip: JACKSONVILLE, FL

Title: VPD ( ) Delete
Name: SWEAT, JIM
Address: 2928 WELLINGTON CIRCLE #101
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ERWIN, BILL J
Address: 701 SISK ST. STE 350
City-St-Zip: JACKSONVILLE, FL

Title: PD (X) Change ( ) Addition
Name: SWEAT, JIM
Address: 2928 WELLINGTON CIRCLE #101
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARBARA GOCKENBACH TD 01/26/2004

Electronic Signature of Signing Officer or Director — Date