

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719209

FILED  
Apr 20, 2005  
Secretary of State

**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  
N. MIAMI, FL 331680340 US

**New Mailing Address:**

**FEI Number:** 59-1323115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOCKENBACH, BARBARA  
12501 N.W. 7TH AVE.  
4TH FL  
N. MIAMI, FL 33168 US

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

GOCKENBACH, BARBARA  
12501 N.W. 7TH AVE.  
N. MIAMI, FL 33168 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: BARBARA GOCKENBACH

04/20/2005

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

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

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

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

04/20/2005

Electronic Signature of Signing Officer or Director

Date