

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719209

FILED
Jan 26, 2006
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:

12501 NW 7 AVENUE
NORTH MIAMI, FL 331682619

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.
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: 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: VPD (X) Change () Addition
Name: ERWIN, BILL J
Address: P O BOX 40866
City-St-Zip: JACKSONVILLE, FL 322030866 US

Title: PD (X) Change () Addition
Name: FARRIS, KELTON
Address: 3522 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA GOCKENBACH

TREA

01/26/2006

Electronic Signature of Signing Officer or Director

Date