

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719209

FILED  
Jan 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

12501 NW 7 AVENUE  
NORTH MIAMI, FL 331682619

**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 TREAS.  
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: VPD ( ) Delete  
Name: ERWIN, BILL J  
Address: P O BOX 40866  
City-St-Zip: JACKSONVILLE, FL 322030866 US

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

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

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

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

Title: PD (X) Change ( ) Addition  
Name: KOPPELMANN, WILLIAM  
Address: 13590 SW 134 AVENUE #214  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify 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

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date