


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 733981 1. Entity Name INDEPENDENT INSURANCE AGENTS OF NORTHEAST FLORIDA, INC.					
Principal Place of Business 12121 PHILIPS HWY SUITE A JACKSONVILLE FL 32256 US			Mailing Address P.O. BOX 24570 JACKSONVILLE FL 32241 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6153431	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANG, MARGY 12121 PHILIPS HWY SUITE A JACKSONVILLE FL 32256				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Margy Lang</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/1/05</u>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMITA, JOAN		NAME		
STREET ADDRESS	3115 SPRING GLEN RD #507.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	03/17/05-80032-001 61.25	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRISON, CORRINE		NAME		
STREET ADDRESS	PO BOX 50069		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCORMICK, PATTY		NAME		
STREET ADDRESS	337 JACKSONVILLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, NEECEE		NAME		
STREET ADDRESS	PO BOX 41146		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32203		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Margy Lang</i></u>			3/1/05 904-262-1522 Date Daytime Phone #		
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					