

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90086 029 ****61.25

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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6153431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

FL

Zip Code

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

Margy Lang

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-1-06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ROMITA, JOAN
STREET ADDRESS 3115 SPRING GLEN RD #507.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☒ Delete
NAME GARRISON, CORRINE
STREET ADDRESS PO BOX 50069
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D ☐ Delete
NAME MCCORMICK, PATTY
STREET ADDRESS 337 JACKSONVILLE DRIVE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D ☐ Delete
NAME LEE, NEECEE
STREET ADDRESS PO BOX 41146
CITY-ST-ZIP JACKSONVILLE FL 32203

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Change ☒ Addition
NAME Margy Lang
STREET ADDRESS 12121 Philips Highway, Suite A
CITY-ST-ZIP Jacksonville FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Margy Lang

Margy Lang

2-1-06 9042621522