2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State
02-26-2007 90083 021 ****61.25

DOCUMENT # 733981

1. Entity Name

INDEPENDENT INSURANCE AGENTS OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
12121 PHILIPS HWY SUITE A JACKSONVILLE FL 32256 US	P.O. BOX 24570 JACKSONVILLE FL 32241 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2225 A1A Beach Blvd.	PO Box 24570
Suite, Apt. #, etc. Suite C-17-C	Suite, Apt. #, etc
City & State St. Augustine FL	City & State Jacksonville FL
Zip 32080 Country USA	Zip 32241 Country USA

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) 2225 A1A Beach Blvd. Suite C-17-C City St. Augustine FL Zip Code 32080

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 1-31-07
Signature, typed or printed name of registered agent (if other than applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMITA, JOAN 3115 SPRING GLEN RD #507. JACKSONVILLE FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Josh Becksmith 10151 Deerwood Park Blvd. Bldg. 100, Suite 100, Jacksonville FL 32256 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANG, MARGY 12121 PHILIPS HWY., STE. A JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2225 A1A Beach Blvd., Ste. C-17-C St. Augustine FL 32080
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCORMICK, PATTY 337 JACKSONVILLE DRIVE JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, NEECEE PO BOX 41146 JACKSONVILLE FL 32203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Skip Wolf 10151 Deerwood Park Blvd. Jacksonville FL 32256 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 904-262-1522 3-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #