

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733981

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** INDEPENDENT INSURANCE AGENTS OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

2225 A1A BEACH BLVD.  
SUITE C-17-C  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 24570  
JACKSONVILLE, FL 32241 US

**New Mailing Address:**

**FEI Number:** 59-6153431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANG, MARGY  
2225 A1A BEACH BLVD. STE C-17-C  
SAINT AUGUSTINE, FL 32080 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: D ( ) Delete  
Name: BECKSMITH, JOSH  
Address: 10151 DEERWOOD PK. BLVD. BLDG100, STE100  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: LANG, MARGY  
Address: 2225 A1A BEACH BLVD., STE C-17-C  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: MCCORMICK, PATTY  
Address: 337 JACKSONVILLE DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: WOLF, SKIP  
Address: 10151 DEERWOOD PARK BLVD.  
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: D (X) Change ( ) Addition  
Name: GREENE, CHIP  
Address: 10739 DEERWOOD BLVD., SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: D (X) Change ( ) Addition  
Name: BECKSMITH, JOSH  
Address: 10151 DEERWOOD PARK BLVD., SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32256

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

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: MARGY LANG

DIR

03/03/2009

Electronic Signature of Signing Officer or Director

Date