

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733981

FILED
Aug 23, 2010
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:

1325 FLAGSHIP COURT
SAINT AUGUSTINE, FL 32080 US

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:

LANG, MARGY
1325 FLAGSHIP COURT
SAINT AUGUSTINE, FL 32080 US

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

08/23/2010

Date

OFFICERS AND DIRECTORS:

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

Title: D
Name: LANG, MARGY
Address: 1325 FLAGSHIP COURT
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: WHITMAN, KYLE
Address: 10739 DEERWOOD BLVD., SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: BEACH, MICHAEL
Address: 7807 BAYMEADOWS ROAD EAST, SUITE301
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: MARGY LANG

D

08/23/2010

Electronic Signature of Signing Officer or Director

Date