

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737218

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: INDEPENDENT INSURANCE AGENTS OF SOUTH FLORIDA INC.

## Current Principal Place of Business:

13615 S. DIXIE HWY  
#373  
MIAMI, FL 33176

## New Principal Place of Business:

## Current Mailing Address:

13615 S. DIXIE HWY  
#373  
MIAMI, FL 33176

## New Mailing Address:

FEI Number: 59-0272100      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DORSEY, SHEILA M  
13615 S. DIXIE HWY  
#373  
MIAMI, FL 33176 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: P ( ) Delete  
Name: COLLINSWORTH, ERINN E  
Address: 5979 NW 151 STREET, SUITE 105  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP ( ) Delete  
Name: LIEUX, KAREN S  
Address: 201 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: BUTLER, RICHARD H  
Address: 6161 BLUE LAGOON DRIVE, SUITE 420  
City-St-Zip: MIAMI, FL 33126

Title: EVP ( ) Delete  
Name: DORSEY, SHEILA M  
Address: 13615 S. DIXIE HWY, #373  
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete  
Name: ARIAS, ANTONIO M  
Address: 8000 GOVERNORS SQUARE BLVD SUITE 400  
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete  
Name: LYONS, PHIL  
Address: 9500 S. DADELAND BLVD. SUITE 200  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: YANAN, PHILIP  
Address: 10301 S. DIXIE HWY  
City-St-Zip: PINECREST, FL 33156

Title: P (X) Change ( ) Addition  
Name: LIEUX, KAREN S  
Address: 201 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

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

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

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

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: SHEILA M DORSEY

EVP

03/23/2009

Electronic Signature of Signing Officer or Director

Date