## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 737218**

FILED Jan 14, 2011 Secretary of State

Entity Name: INDEPENDENT INSURANCE AGENTS OF SOUTH FLORIDA INC.

Current Principal Place of Business: New Principal Place of Business:

13615 S. DIXIE HWY #373

MIAMI, FL 33176

Current Mailing Address: New Mailing Address:

13615 S. DIXIE HWY #373 MIAMI, FL 33176

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

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

DORSEY, SHEILA M 13615 S. DIXIE HWY #373 MIAMI, FL 33176 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 Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: YANAN, PHILIP
Address: 10301 S. DIXIE HWY
City-St-Zip: PINECREST, FL 33156

Title: D

 Name:
 FERNANDEZ, JAVIER

 Address:
 2700 SW 137 AVENUE

 City-St-Zip:
 MIAMI, FL 33175

Title:

Name: BUTLER, RICHARD H

Address: 6161 BLUE LAGOON DRIVE, SUITE 420

City-St-Zip: MIAMI, FL 33126

Title: EVP

Name: DORSEY, SHEILA M Address: 13615 S. DIXIE HWY, #373

City-St-Zip: MIAMI, FL 33176

Title:

Name: MORRIS, NORMAN

Address: 2500 NW 79TH AVENUE, SUITE 101

City-St-Zip: MIAMI, FL 33122

Title: VP

Name: LYONS, PHIL

Address: 9500 S. DADELAND BLVD. SUITE 400

City-St-Zip: MIAMI, FL 33156

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: SHEILA M DORSEY EVP 01/14/2011