

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743614

FILED
Apr 30, 2011
Secretary of State

Entity Name: INSURANCE PROFESSIONALS OF JACKSONVILLE, FLORIDA, INCORPORATED

Current Principal Place of Business:

7723 ERINWOOD COURT EAST
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19776
JACKSONVILLE, FL 322459776 US

New Mailing Address:

FEI Number: 59-6211656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, JANET L PD
7723 ERINWOOD CT EAST
JACKSONVILLE, FL 32256 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: PD
Name: SPENCER, JANET L PD
Address: 7723 ERINWOOD CT EAST
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: SD
Name: VARGAS, JOANA SD
Address: 12451 REMLER DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: D
Name: WALTON, CHARLIE M D
Address: 2820 ANASTASIA DR
City-St-Zip: JACKSONVILLE, FL 32217 US

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: JANET LYNNE SPENCER

PD

04/30/2011

Electronic Signature of Signing Officer or Director

Date