## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 748245** 

FILED Jan 05, 2010 Secretary of State

Entity Name: LEE COUNTY ASSOCIATION OF INDEPENDENT INSURANCE AGENTS, INC.

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

4707 S.E. 9TH PLACE 1412 ROYAL PALM SQ BLVD

#102 STE 104

CAPE CORAL, FL 33904 US FORT MYERS, FL 33919 US

Current Mailing Address: New Mailing Address:

P.O. BOX 61514 FT MYERS, FL 33911

FEI Number: 59-2023616 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

OWEN, DAVID

4707 SE 9TH PLACE

#102

CAPE CORAL, FL 33904 US

JAMES, SAWYER H

1412 ROYAL PALM SQ BLVD.

STE 104

FORT MYERS, FL 33919 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: JAMES HENRY SAWYER 01/05/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: FALCON, TONY

Address: 8191 COLLEGE PKWY. #202 City-St-Zip: FORT MYERS, FL 33919

Title: VP

 Name:
 OWEN, DAVID B

 Address:
 4707 S.E. 9TH PLACE

 City-St-Zip:
 CAPE CORAL, FL 33904

Title: SEC

Name: ANGIE, POTASH

Address: 3820 COLONIAL BLVD. STE 200 City-St-Zip: FORT MYERS, FL 33912

Title: TREA

Name: SAWYER, JIMMY

Address: 1412 ROYAL PALM SQ BLVD #104

City-St-Zip: FORT MYERS, FL 33919

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: JAMES HENRY SAWYER TREA 01/05/2010