

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748245

FILED
Jan 12, 2011
Secretary of State

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

Current Principal Place of Business:

1412 ROYAL PALM SQ BLVD
STE 104
FORT MYERS, FL 33919 US

Current Mailing Address:

P.O. BOX 61514
FT MYERS, FL 33911

New Principal Place of Business:

3820 COLONIAL BOULEVARD
SUITE 200
FORT MYERS, FL 33966 US

New Mailing Address:

P.O. BOX 61514
FT MYERS, FL 33906 US

FEI Number: 59-2023616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, SAWYER H
1412 ROYAL PALM SQ BLVD.
STE 104
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

POTASH, ANGELA M
3820 COLONIAL BOULEVARD
SUITE 200
FORT MYERS, FL 33966 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: ANGELA M. POTASH

01/12/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: OWEN, DAVID
Address: 4707 SE 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: VP
Name: SAWYER, JIMMY
Address: 1412 ROYAL PALM SQ BLVD #104
City-St-Zip: FORT MYERS, FL 33919

Title: TREA
Name: POTASH, ANGELA M
Address: 3820 COLONIAL BLVD. STE 200
City-St-Zip: FORT MYERS, FL 33966

Title: SEC
Name: MAXWELL, DAVID
Address: 2120 WEST 1ST STREET
City-St-Zip: FORT MYERS, FL 33901

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: ANGELA M. POTASH

TREA

01/12/2011

Electronic Signature of Signing Officer or Director

Date