2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# 754390

Entity Name: INDEPENDENT INSURANCE AGENTS OF CENTRAL FLORIDA,INC.

Current Principal Place of Business:

845 N. FERNCREEK AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

845 N. FERNCREEK AVENUE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-6153230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNNS, JANE T
845 N. FERNCREEK AVENUE
ORLANDO, FL 32803 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: ED ( ) Delete
Name: MUNNS, JANE T.
Address: 845 N. FERNCREEK AVE.
City-St-Zip: ORLANDO, FL 32803

Title: P ( ) Delete
Name: MANAGAN, KEVIN
Address: 2315 CURRY FORD RD.
City-St-Zip: ORLANDO, FL 32809

Title: PE ( ) Delete
Name: MARSHALL, KAREN
Address: 2000 UNIVERSAL STUDIOS PLAZA
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete
Name: COX, JOHN M III
Address: 871 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: VP (X) Delete
Name: MANGAN, KEVIN
Address: 2315 CURRY FORD RD
City-St-Zip: ORLANDO, FL 32802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: COX III, JOHN
Address: 871 DOUGLAS AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: PE (X) Change ( ) Addition
Name: SANTO DOMINGO, MARK
Address: 1552 BOREN DR. SUITE 100
City-St-Zip: OCOEE, FL 34761

Title: VP (X) Change ( ) Addition
Name: LUMBRA, JR., JAMES M
Address: 498 S. LAKE DESTINY RD
City-St-Zip: MAITLAND, FL 32751

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: JANE T. MUNNS ED 02/05/2009

Electronic Signature of Signing Officer or Director — Date