

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754390

FILED
Jan 05, 2010
Secretary of State

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
Name: MUNNS, JANE T.
Address: 845 N. FERNCREEK AVE.
City-St-Zip: ORLANDO, FL 32803

Title: P
Name: SANTO DOMINGO, MARK
Address: 1552 BOREN DR. STE 100
City-St-Zip: OCOEE, FL 34761

Title: PE
Name: LUMBRA, JAMES R JR.
Address: 498 S. LAKE DESTINY RD.
City-St-Zip: ORLANDO, FL 32810

Title: VP
Name: JICKELL, GLADYS
Address: 1436 RONALD REAGAN BLVD.
City-St-Zip: LONGWOOD, FL 32750

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: JANE T. MUNNS

ED

01/05/2010

Electronic Signature of Signing Officer or Director

Date