2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2012
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:

BOUCH, PAMELA 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: BOUCH, PAMELA T.
Address: 845 N. FERNCREEK AVE.
City-St-Zip: ORLANDO, FL 32803

Title: P
Name: PARTRIDGE, GLADYS L
Address: 1436 NORTH RONALD REAGAN BLVD.
City-St-Zip: LONGWOOD, FL 32750

Title: PE
Name: HOLTON, BYRON .
Address: 2807 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32854

Title: VP
Name: BROCKMAN, MICHAEL
Address: 291 SOUTHHALL LN #101
City-St-Zip: MAITLAND, FL 32751

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: PAMELA T. BOUCH ED 03/19/2012

Electronic Signature of Signing Officer or Director — Date