2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760285

FILED Apr 14, 2005 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF INSURANCE AGENTS, INC.

Current Principal Place of Business: New Principal Place of Business: 3159 SHAMROCK DR., S. TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 3159 SHAMROCK DR., S. TALLAHASSEE, FL 32308 FEI Number: 59-0247064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRADY, JEFFREY W 3159 SHAMROCK DRIVE SOUTH TALLAHASSEE, FL 32308 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GAINES, FINLEY Name: Name: 300 S ORANGE AVE Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: () Delete Title: (X) Change () Addition WADDELL, GENE Name: KNUDSEN, CHUCK Name: Address: 645 BENCHLAND BLVD Address: 10337 N MILITARY TRAIL City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: () Delete Title: (X) Change () Addition DEJONG, DIRK DEJONG, DIRK Name: Name: Address: 1314 ATTANTIC BLVD. Address: 1314 ATTANTIC BLVD. POMPANO BEACH, FL 33060 City-St-Zip: City-St-Zip: POMPANO BEACH, FL 33060 Title: () Delete Title: () Change () Addition Name: GRADY, JEFFREY W Name: 3159 SHAMROCK S Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: () Delete Title: () Change () Addition HANKS, KENNEY Name: Name: 1331 N MILLS AVE Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: () Delete Title: (X) Change () Addition BROWN, DICK BROWN, DICK Name: Name: Address: 202 SAEBREEZE BLVD. Address: 202 SAEBREEZE BLVD. DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFFREY W. GRADY P 04/14/2005