

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760285

FILED
Jan 26, 2006
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF INSURANCE AGENTS, INC.

Current Principal Place of Business:

3159 SHAMROCK DR., S.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3159 SHAMROCK DR., S.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-0247064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRADY, JEFFREY W
3159 SHAMROCK DRIVE SOUTH
TALLAHASSEE, FL 32308 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: D () Delete
Name: GAINES, FINLEY
Address: 300 S ORANGE AVE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: KNUDSEN, CHUCK
Address: 10337 N MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: DEJONG, DIRK
Address: 1314 ATTANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33060

Title: P () Delete
Name: GRADY, JEFFREY W
Address: 3159 SHAMROCK S
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: HANKS, KENNEY
Address: 1331 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: C () Delete
Name: BROWN, DICK
Address: 202 SAEBREEZE BLVD.
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HANKS, JANICE
Address: PO BOX 1120
City-St-Zip: PANAMA CITY, FL 32402

Title: D (X) Change () Addition
Name: LAURIE, JOHN CPA
Address: PO BOX 9029
City-St-Zip: BRADENTON, FL 34206

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

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

Title: C (X) Change () Addition
Name: DELLA PORTA, VERONICA
Address: 3112 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY W GRADY

P

01/26/2006

Electronic Signature of Signing Officer or Director

Date