

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760285

FILED
Jan 08, 2010
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF INSURANCE AGENTS, INC.

Current Principal Place of Business:

3159 SHAMROCK DR., S.
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

PO BOX 12129
TALLAHASSEE, FL 323172129 US

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
Name: LUDWIG, ROBERT AIC
Address: 300 S ORANGE AVE
City-St-Zip: SARASOTA, FL 34236 US

Title: D
Name: COSGROVE, LAURA
Address: 2807 EDGEWATER DR
City-St-Zip: ORLANDO, FL 32804 US

Title: D
Name: GREENE, CLARENCE
Address: 10739 DEERWOOD PARK BLVD STE 200
City-St-Zip: JACKSONVILLE, FL 32256 US

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

Title: D
Name: HARVEY, LARRY
Address: 105 C.R. 315 SOUTH
City-St-Zip: INTERLACHEN, FL 32148 US

Title: C
Name: GUNTER, WILLIAM
Address: 1117 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 32303 US

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: JEFFREY W GRADY

P

01/08/2010

Electronic Signature of Signing Officer or Director

Date