

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854362

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** COORDINATED INSURANCE CENTER, INC.

**Current Principal Place of Business:**

1250 W BROADWAY  
PRINCETON, IN 476701138

**New Principal Place of Business:**

**Current Mailing Address:**

1250 W BROADWAY  
PRINCETON, IN 476701138

**New Mailing Address:**

**FEI Number:** 35-1536340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRECELIUS, ROBERT A  
6052 WHITE TIP ROAD  
JACKSONVILLE, FL 32258 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: ANDREWS, BETH A  
Address: 916 E. CYNTHIA TRAIL  
City-St-Zip: GOODLETTSVILLE, TN

Title: PSTD ( ) Delete  
Name: ANDREWS, DAVID S  
Address: 916 E. CYNTHIA TRAIL  
City-St-Zip: GOODLETTSVILLE, TN

Title: DVP ( ) Delete  
Name: CRECELIUS, ROBERT A JR  
Address: 850 A1A BCH BLVD 79  
City-St-Zip: ST AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition  
Name: CRECELIUS, ROBERT A JR  
Address: 6052 WHITE TIP ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DAVID S. ANDREWS

PSTD

04/26/2009

Electronic Signature of Signing Officer or Director

Date