

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003201

FILED
Jun 26, 2009
Secretary of State

Entity Name: INSURANCE SCHOLARSHIP FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

3637 MARSH PARK COURT
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 866
HENDERSONVILLE, NC 287930866

New Mailing Address:

14286-19 BEACH BLVD
353
JACKSONVILLE, FL 32250

FEI Number: 74-1429257 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NOE-NICHOLS, NANCY
3637 MARSH PARK COURT
JACKSONVILLE, FL 32250 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: CHRM () Delete
Name: NOE-NICOLS, CURT
Address: 9450 SEWARD ROAD
City-St-Zip: FAIRFIELD, OH 45024

Title: CFOD () Delete
Name: NOE-NICOLS, NANCY
Address: 3637 MARSH PARK COURT
City-St-Zip: JACKSONVILLE, FL 32250

Title: VCHR () Delete
Name: ANDREWS, PAUL D
Address: 1 HORACE MAN PLAZA, G004
City-St-Zip: SPRINGFIELD, IL 627150001

Title: S () Delete
Name: SHELTON, CAROLE
Address: 2550 NORTH LOOP WEST, SUITE 116
City-St-Zip: HOUSTON, TX 77092

Title: D () Delete
Name: CORMICAN, ROBERT J
Address: 1001 SUMMIT BLVD.
City-St-Zip: ATLANTA, GA 30319

Title: D (X) Delete
Name: GOELDNER, KIRK A
Address: 11 N. IRVINE STREET SUITE 9
City-St-Zip: GREENVILLE, SC 29601 N

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change () Addition
Name: NICHOLS, CURT
Address: 9450 SEWARD ROAD
City-St-Zip: FAIRFIELD, OH 45024

Title: CFOD (X) Change () Addition
Name: NOE-NICHOLS, NANCY
Address: 3637 MARSH PARK COURT
City-St-Zip: JACKSONVILLE, FL 32250

Title: VCHR (X) Change () Addition
Name: GOELDNER, KIRK
Address: 120 SOUTH LASALLE STREET
City-St-Zip: CHICAGO, IL 60603

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY NOE NICHOLS

CFOD

06/26/2009

Electronic Signature of Signing Officer or Director

Date