

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006802

FILED
Apr 25, 2005
Secretary of State

Entity Name: ASSOCIATION OF INSURANCE PROFESSIONALS, INC.

Current Principal Place of Business:

6311 ATRIUM DR
STE 200
BRANDENTON, FL 34202 US

New Principal Place of Business:

Current Mailing Address:

6311 ATRIUM DR
STE 200
BRANDENTON, FL 34202 US

New Mailing Address:

FEI Number: 43-1745700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARNELL, ROBERT W
1820 RINGLING BOULEVARD
SARASOTA, FL 34236 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: PCD (X) Delete
Name: MARINACCIO, LOUIS E
Address: 13407 BLYTHEFIELD TER
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: DC () Delete
Name: MARINACCIO, ANN MARIE
Address: 13407 BLYTHEFIELD TER
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: ST () Delete
Name: ADES, LEONARD
Address: 13000 LONG LAKE RD
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: STECK, HERB
Address: 3501 LITTLE COUNTRY RD
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PDC (X) Change () Addition
Name: MARINACCIO, ANN MARIE
Address: 13407 BLYTHEFIELD TER
City-St-Zip: LAKEWOOD RANCH, FL 34202

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

Title: VD (X) Change () Addition
Name: STECK, HERB
Address: 3501 LITTLE COUNTRY RD
City-St-Zip: PARRISH, FL 34219

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: ANN MARIE MARINACCIO

PCD

04/25/2005

Electronic Signature of Signing Officer or Director

Date