

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90022 006 \*\*\*\*61.25

**DOCUMENT # F99000003539**

1. Entity Name  
**INTERNATIONAL ASSOCIATION OF INSURANCE  
RECEIVERS, INC.**



Principal Place of Business  
**174 GRACE BLVD.  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**174 GRACE BLVD.  
ALTAMONTE SPRINGS, FL 32714**

**54020145**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**51-0335737**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEYES, PAULA  
174 GRACE BLVD.  
ALTAMONTE SPRINGS, FL 32714**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **GREER, ROBERT**  
STREET ADDRESS **P.O. BOX 4338**  
CITY-ST-ZIP **CLARKSBURG, WV 26301**

TITLE **D** ☐ Delete  
NAME **GETTY, PATRICIA**  
STREET ADDRESS **360 OAK TERRACE**  
CITY-ST-ZIP **ALPHARETTA, GA 30004**

TITLE **D** ☐ Delete  
NAME **ORTH, DANIEL**  
STREET ADDRESS **8420 W BYRN MAWR AVE STE 550**  
CITY-ST-ZIP **CHICAGO, IL 606313404**

TITLE **T** ☐ Delete  
NAME **DEVITO, JOSEPH**  
STREET ADDRESS **7000 BLVD EAST**  
CITY-ST-ZIP **WEST NEW YORK, NJ 07093**

TITLE **S** ☒ Delete  
NAME **GORDON, JAMES A**  
STREET ADDRESS **821 NORTH CHARLES STREET**  
CITY-ST-ZIP **BALTIMORE, MD 21201**

TITLE **D** ☐ Delete  
NAME **GUTFREUND, I GEORGE**  
STREET ADDRESS **PO BOX 31**  
CITY-ST-ZIP **TORONTO ONTARIO CANADA, M5L 1B2**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
NAME **Watkins, Daniel L.**  
STREET ADDRESS **4311 West 6th Street, Suite C**  
CITY-ST-ZIP **Lawrence, KS 66049**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Paula Keyes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/04 407-682-4513**

Date

Daytime Phone #