

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000745

**FILED**  
**Mar 05, 2004**  
**Secretary of State****Entity Name:** NATIONWIDE INSURANCE INDEPENDENT CONTRACTORS ASSOCIATION, INC.**Current Principal Place of Business:**5329 W. ATLANTIC AVE., SUITE 203-A  
DELRAY BCH, FL 33484**New Principal Place of Business:****Current Mailing Address:**5329 W. ATLANTIC AVE., SUITE 203-A  
DELRAY BCH, FL 33484**New Mailing Address:****FEI Number:** 04-3709040**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GIBBONS, JAMES R  
5329 W ATLANTIC AVE SUITE 203A  
DELRAY BEACH, FL 33484 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:** PD ( ) Delete  
**Name:** GIBBONS, JAMES R  
**Address:** 5329 W ATLANTIC AVE SUITE 203A  
**City-St-Zip:** DELRAY BEACH, FL 33484**Title:** DST ( ) Delete  
**Name:** CASELLA, SHARON  
**Address:** 5929 W ATLANTIC AVE, SUITE 203A  
**City-St-Zip:** DELRAY BEACH, FL 33484**Title:** SVD ( ) Delete  
**Name:** COOK, GARY  
**Address:** 6383 10TH AVE NO. SUITE F  
**City-St-Zip:** LAKE WORTH, FL 33463**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 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: JAMES R. GIBBONS

PD

03/05/2004

Electronic Signature of Signing Officer or Director

Date