# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 08, 2004**
**Secretary of State**

DOCUMENT# N01000007185

**Entity Name:** INSURANCE PROFESSIONALS OF NORTH CENTRAL FLORIDA,INC.

**Current Principal Place of Business:**

P.O. BOX 357464
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 357464
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number: 59-3308437** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LARABEL, MARY O
2035 NW 89 DRIVE
GAINESVILLE, FL 32606

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

DAVIS, KATHLEEN A
3206 NE 142ND LANE
GAINESVILLE, FL 32609

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: KATHLEEN A. DAVIS 03/08/2004
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: CALIFF, SHERRY
Address: 4880 NEWBERRY RD STE 100
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete
Name: HABIG, NANCY
Address: 25204 NW 122 AVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D ( ) Delete
Name: ARNOLD, DARLENE P
Address: 690 SW FEATHER LANE
City-St-Zip: FORT WHITE, FL 32038

Title: D ( ) Delete
Name: GARRETT, DONNA
Address: 2805 NW 104 G
City-St-Zip: GAINESVILLE, FL 32606

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

Title: PRES (X) Change ( ) Addition
Name: HABIG, NANCY
Address: 25204 NW 122 AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: PE (X) Change ( ) Addition
Name: SMITH, KAREN
Address: 24410 NW 24TH AVENUE
City-St-Zip: NEWBERRY, FL 32669

Title: SEC (X) Change ( ) Addition
Name: RODRIGUEZ, REBECCA
Address: 240 HARDEE STREET
City-St-Zip: BRONSON, FL 32621

Title: TRES (X) Change ( ) Addition
Name: STIMSON, CYNTHIA
Address: P.O. BOX 2456
City-St-Zip: ALACHUA, FL 32616

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: NANCY HABIG PRES 03/08/2004
Electronic Signature of Signing Officer or Director Date