

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007185

FILED
Jun 21, 2005
Secretary of State

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 ()**
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:

Name and Address of New Registered Agent:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DAVIS, KATHLEEN A
Address: 3206 NE 142ND LANE
City-St-Zip: GAINESVILLE, FL 32609

Title: PE (X) Change () Addition
Name: DIX, LISA
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: SEC (X) Change () Addition
Name: GATCHELL, PHILLES
Address: 4880 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: TRES (X) Change () Addition
Name: ARNOLD, DARLENE
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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: KATHLEEN A DAVIS

PRES

06/21/2005

Electronic Signature of Signing Officer or Director

Date