


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000007185						
1. Entity Name INSURANCE PROFESSIONALS OF NORTH CENTRAL FLORIDA, INC.						
Principal Place of Business P.O. BOX 357464 GAINESVILLE FL 32653			Mailing Address P.O. BOX 357464 GAINESVILLE FL 32653			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-3308437		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable		
6. Name and Address of Current Registered Agent DAVIS, KATHLEEN A 3206 NE 142ND LANE GAINESVILLE FL 32609				7. Name and Address of New Registered Agent 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 <u>Kathleen A Davis</u> 2/28/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>						
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make Check Payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PRES	NAME DAVIS, KATHLEEN A		<input type="checkbox"/> Delete	TITLE U00000452379	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3206 NE 142ND LANE	CITY-ST-ZIP GAINESVILLE FL 32609			STREET ADDRESS 03/11/06-80024-012 61.25	CITY-ST-ZIP	
TITLE PE	NAME DIX, LISA		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7201 NW 11TH PLACE	CITY-ST-ZIP GAINESVILLE FL 32605			STREET ADDRESS	CITY-ST-ZIP	
TITLE SEC	NAME GATCHELL, PHILLES		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4880 NEWBERRY ROAD	CITY-ST-ZIP GAINESVILLE FL 32607			STREET ADDRESS	CITY-ST-ZIP	
TITLE TRES	NAME ARNOLD, DARLENE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7201 NW 11TH PLACE	CITY-ST-ZIP GAINESVILLE FL 32605			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.