

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007185

FILED
Jan 26, 2009
Secretary of State

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

Current Principal Place of Business:

4880 NEWBERRY ROAD SUITE 100
GAINESVILLE, FL 32607

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:

GATCHELL, PHILLES
4880 NEWBERRY RD. - SUITE 100
GAINESVILLE, FL 32607 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: PRES () Delete
Name: RODRIGUEZ, BECKI
Address: 3206 NE 142ND LANE
City-St-Zip: GAINESVILLE, FL 32609

Title: PE () Delete
Name: GATCHELL, PHILLES
Address: 4880 NEWBERRY RD. - SUITE 100
City-St-Zip: GAINESVILLE, FL 32607

Title: SEC () Delete
Name: COULTAS, MARIE
Address: 132 NW 76TH DRIVE
City-St-Zip: GAINESVILLE, FL 32607

Title: TRES () Delete
Name: LEE, PETRA
Address: 5311 NW 4TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GATCHELL, PHILLES
Address: 4880 NEWBERRY RD #100
City-St-Zip: GAINESVILLE, FL 32607

Title: PE (X) Change () Addition
Name: COLEMAN, CINDY
Address: 2340 NW 31ST PL
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: DAVIS, KATHLEEN
Address: 418 NW 4TH AVE
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 DAVIS

TRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date