

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007185

FILED  
Jan 06, 2010  
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:**

132 NW 76TH DRIVE  
GAINESVILLE, FL 32607

**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:**

CHATT, RENEE J  
132 NW 76TH DRIVE  
GAINESVILLE, FL 32607 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: RENEE J CHATT

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WEBER, NANCY  
Address: 1176 NW 11TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: PE  
Name: LONG, RHONDA  
Address: 132 NW 76TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32607

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

Title: TRES  
Name: CHATT, RENEE  
Address: 132 NW 76TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32607

I hereby 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 all other like empowered.

SIGNATURE: RENEE J CHATT

TRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date