

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007185

FILED
Jan 24, 2011
Secretary of State

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

Current Principal Place of Business:

132 NW 76TH DRIVE
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:

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

Name and Address of New Registered Agent:

LUCAS, MICHELLE
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: MICHELLE LUCAS

01/24/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: TRES
Name: TORRES, KIMBERLY
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: KIMBERLY TORRES

TRES

01/24/2011

Electronic Signature of Signing Officer or Director

Date