

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 04, 2009
Secretary of State**

DOCUMENT# N01000008938

Entity Name: PASCO HERNANDO INSURANCE PROFESSIONALS, INC.

Current Principal Place of Business:

9851 SR 54
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

9851 SR 54
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 59-3125817 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:

MANSUR, JOSEPHINE P
13406 CATTAIL CT
HUDSON, FL 34667 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: PD () Delete
Name: MANSUR, JOSEPHINE P
Address: 13406 CATTAIL CT
City-St-Zip: HUDON, FL 34667

Title: VD () Delete
Name: NICO, LAURA
Address: 2512 HICKORY CT
City-St-Zip: CLEARWATER, FL 34621

Title: SD () Delete
Name: PERREAULT, BERNADETTE
Address: 11305 MARLEE CT
City-St-Zip: TAMPA, FL 33635

Title: TRSR () Delete
Name: DAVIS, ALVINA
Address: 4143 CITRUS DR
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ALVINA DAVIS

TRSR

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date