

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008938

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**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 (X)**

**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  
Name: MANSUR, JOSEPHINE P  
Address: 13406 CATTAIL CT  
City-St-Zip: HUDON, FL 34667

Title: VP  
Name: HILL, MELANIE VP  
Address: 10209 HOME CT  
City-St-Zip: PORT RICHEY, FL 34668

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

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

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:** ALVINA DAVIS

TRSR

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date