

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01448

FILED
May 07, 2004
Secretary of State**Entity Name:** MANATEE COUNTY INDEPENDENT INSURANCE AGENTS ASSOCIATION, INC.**Current Principal Place of Business:**410 43RD ST W. SUITE J
BRADENTON, FL 34209**New Principal Place of Business:**1111 8TH AVENUE WEST
BRADENTON, FL 34205**Current Mailing Address:**PO BOX 1749
BRADENTON, FL 34206**New Mailing Address:**1111 8TH AVENUE WEST
BRADENTON, FL 34205**FEI Number:** 59-2392891**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PHILLIP, BAKER B
410 43RD ST W SUITE J
BRADENTON, FL 34209**Name and Address of New Registered Agent:**JOANIE, DELOSH M
1111 8TH AVENUE WEST
BRADENTON, FL 34205

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: JOANIE DELOSH

05/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BELOSH, JOANIE
Address: 1111 8TH AVE W
City-St-Zip: BRADENTON, FL 34205

Title: PD () Delete
Name: PHILLIP, BAKER B
Address: 410 43RD ST W SUITE J
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: VREEMAN, GARY
Address: 1429 60TH AVE W
City-St-Zip: BRADENTON, FL 34207

Title: PD () Delete
Name: MARTY, HIX
Address: 2110 MANATEE AVE W
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: DAN, JOHNSON
Address: 1812 MANATEE AVE WEST
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: DELOSH, JOANIE
Address: 1111 8TH AVE W
City-St-Zip: BRADENTON, FL 34205

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 for the exemption stated in Section 119.07(3)(i), 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: DANIEL K JOHNSON

SD

05/07/2004

Electronic Signature of Signing Officer or Director

Date