2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 19, 2007 8:00 am DOCUMENT # N01448 **Secretary of State** 1. Entity Namo 02-19-2007 90062 018 \*\*\*\*61.25 MANATEE COUNTY INDEPENDENT INSURANCE AGENTS ASSOCIATION, INC. Principal Place of Business Mailing Address 717 MANATEE AVENUE WEST BRADENTON FL 34205 P O BOX 1749 BRADENTON FL 34206 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2392891 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, PHILIP B PRES Street Address (P.O. Box Number is Not Acceptable) 717 MANATEE AVENUE WEST **BRADENTON FL 34206** Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE DATE Signature, typed or printed name or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition UIII ☐ Defete 11111 Change NAME FREE, JOAN TREAS NAME STREEL ADDRESS STREET ADDRESS 717 MANATEE AVENUE WEST CHY-ST-ZIP **BRADENTON FL 34205** CITY-ST ZIP Pirector Baker, Phillip ☐ Delete Change Addition NAME NAME BAKER, PHILLIP B PRES STREET ADDRESS 717 MANATEE AVENUE WEST STREET ADDRESS CITY ST 74P CHY ST ZIP BRADENTON FL 34206 Addition HIL Delete UHH ☐ Change NAME NAMI WEBB, WENDE SEC. STREET LADDRESS STREET ADDRESS P O BOX 1749 CITY - ST - ZIP CITY ST 7IP **BRADENTON FL 34206** President ☐ Defete ппв Change ☐ Addition IIIII War Fel, Ralph NAME NAMI WARFEL, RALPH VICE PR STREET LADDRESS STREET ADDRESS P O BOX 1749 CITY ST 71P CHY-ST-ZIP **BRADENTON FL 34205** Vice PresideNT titit ☐ Defete 11101 ☐ Change X Addition Kevin Rafferty POBox 9029 NAME NAME STRLET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-St-ZIP HILL ☐ Delete IIILE Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under early 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/07 941-74

FILED