## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N01448

1. Entity Name



**FILED** Jan 22, 2008 8:00 am

**Secretary of State** 

01-22-2008 90061 023 \*\*\*\*61.25

	ASSOCIATION, INC.	INSURANCE							
Principal Place of Business 717 MANATEE AVENUE WEST BRADENTON, FL 34205		Mailing Address P O BOX 1749 BRADENTON, FL 34206			dan.				
								313   FATIL FIL	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112008 C	hg-NP	CR2E03	37 (12/06)	
City & State	е	City & State			4. FEI Number 59-23928	 91			pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S			\$8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent	<u> </u>		7. Name and Add	dress of New R		<del></del> .	
DAKED D	UII ID D B <b>PRE</b>	*	Name						
BAKER, PHILIP B PRES 717 MANATEE AVENUE WEST BRADENTON, FL 34206			Street Address		P.O. Box Number is	Not Acceptable	e)		
			City					Zip Coc	de
0. The shave							FL	.	
the obligat	named entity submits this statement for titions of registered agent.	the purpose of changing its	registerea office o	or registere	ed agent, or both, in	the State of Fig	orida. I am	tamiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registered Agent signa	ture required	when reinstating)		DATE		
SIGNATURE .	Signature, lyped or printed name of registered agent an Filling Fee is \$61.25  Due by May 1, 2008		npaign Financing		\$5.00 May Be Added to Fees		lake checi	c payable t	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Cam Trust Fund C	npaign Financing		\$5.00 May Be	Flor	lake checl Ida Depar	tment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRE	9. Election Cam Trust Fund C	npaign Financing contribution.		\$5.00 May Be Added to Fees	Flor	lake checl Ida Depar	tment of S	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNADURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR