

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

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

DOCUMENT # N01448 1. Entity Name MANATEE COUNTY INDEPENDENT INSURANCE AGENTS ASSOCIATION, INC.					
Principal Place of Business 717 MANATEE AVENUE WEST BRADENTON, FL 34205				Mailing Address P O BOX 1749 BRADENTON, FL 34206	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2392891	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAKER, PHILIP B BAKER 717 MANATEE AVENUE WEST BRADENTON, FL 34206				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FREE, JOAN TREAS 717 MANATEE AVENUE WEST BRADENTON, FL 34205 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, PHILLIP 717 MANATEE AVENUE WEST BRADENTON, FL 34206 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEBB, WENDE SEC. P O BOX 1749 BRADENTON, FL 34206 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WARFEL, RALPH P O BOX 1749 BRADENTON, FL 34205 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAFFERTY, KEVIN PO BOX 9029 BRADENTON, FL 34206 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Barbara Hipsher 1429 60th Ave W. Bradenton FL 34207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: <u>Joan C. Free</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/16/08</u> <u>941-745-8300</u> <small>Date Daytime Phone #</small>		