

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01448

FILED
Feb 18, 2009
Secretary of State

Entity Name: MANATEE COUNTY INDEPENDENT INSURANCE AGENTS ASSOCIATION, INC.

Current Principal Place of Business:

717 MANATEE AVENUE WEST
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

P O BOX 1749
BRADENTON, FL 34206

New Mailing Address:

FEI Number: 26-3402705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, PHILIP B PRES
717 MANATEE AVENUE WEST
BRADENTON, FL 34206 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: T () Delete
Name: FREE, JOAN TREAS
Address: 717 MANATEE AVENUE WEST
City-St-Zip: BRADENTON, FL 34205

Title: S () Delete
Name: WEBB, WENDE SEC.
Address: P O BOX 1749
City-St-Zip: BRADENTON, FL 34206

Title: D () Delete
Name: WARFEL, RALPH
Address: P O BOX 1749
City-St-Zip: BRADENTON, FL 34205

Title: P () Delete
Name: RAFFERTY, KEVIN
Address: PO BOX 9029
City-St-Zip: BRADENTON, FL 34206

Title: VP () Delete
Name: HIPSHER, BARBARA
Address: 1424 60TH AVE W
City-St-Zip: BRADENTON, FL 34207

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BAKER, PHILLIP
Address: P O BOX 1749
City-St-Zip: BRADENTON, FL 34205

Title: D (X) Change () Addition
Name: RAFFERTY, KEVIN
Address: PO BOX 9029
City-St-Zip: BRADENTON, FL 34206

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: GROSS, RICHARD G
Address: 717 MANATEE AVE WEST
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOAN C FREE

TREA

02/18/2009

Electronic Signature of Signing Officer or Director

Date