

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 15, 2010**  
**Secretary of State**

DOCUMENT# N01448

**Entity Name:** MANATEE COUNTY INDEPENDENT INSURANCE AGENTS ASSOCIATION, INC.**Current Principal Place of Business:**717 MANATEE AVENUE WEST  
STE 300  
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  
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  
Name: OAKES, VICKIE TREAS  
Address: PO BOX 1749  
City-St-Zip: BRADENTON, FL 34206

Title: S  
Name: TRENT, VALERIE SEC.  
Address: P O BOX 1749  
City-St-Zip: BRADENTON, FL 34206

Title: D  
Name: BAKER, PHILLIP  
Address: P O BOX 1749  
City-St-Zip: BRADENTON, FL 34205

Title: P  
Name: WRIGHT, LARRY PRES  
Address: PO BOX 1749  
City-St-Zip: BRADENTON, FL 34206

I hereby 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 all other like empowered.

SIGNATURE: VICKIE A OAKES

TREA

09/15/2010

Electronic Signature of Signing Officer or Director

Date