2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01448

FILED Mar 01, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

717 MANATEE AVENUE WEST 1812 MANATEE AVE W STE 300 BRADENTON, FL 34205

BRADENTON, FL 34205

Current Mailing Address: New Mailing Address:

P O BOX 1749
BRADENTON, FL 34206

1812 MANATEE AVE W
BRADENTON, FL 34205

FEI Number: 26-3402705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAKER, PHILIP B 717 MANATEE AVENUE WEST SUITE 300 BRADENTON, FL 34206 US

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: VP

 Name:
 OAKES, VICKIE VP

 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:

Name: BAKER, PHILLILP DIR Address: P O BOX 1749 City-St-Zip: BRADENTON, FL 34205

Title: PRES

Name: VREMAN, GARY PRES Address: 8405 US HIGHWAY 301 N #102

City-St-Zip: PARRISH, FL 34219

Title: TREA

Name: CLARK, LISA R TREA
Address: 1812 MANATEE AVE W
City-St-Zip: BRADENTON, FL 34205

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: LISA R CLARK TREA 03/01/2012