

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007648

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA PROPERTY AND CASUALTY ASSOCIATION/AGENTS-CCE, INC.

**Current Principal Place of Business:**

6753 THOMASVILLE RD., STE 108-323  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

6753 THOMASVILLE RD., STE 108-323  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 35-2184170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRIMSLEY, CHARLES J  
3909 NE 163RD ST  
STE 304  
NORTH MIAMI BEACH, FL 33160 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: D/C  
Name: GRIMSLEY, CHARLES J  
Address: 3909 N.E. 163RD ST., STE 304  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D/ST  
Name: WHITED, JIMMY  
Address: 7295 CORPORATE CENTER DR, #200  
City-St-Zip: MIAMI, FL 33136

Title: DT  
Name: DOLL, DIANE L  
Address: 6753 THOMASVILLE ROAD, STE 108-323  
City-St-Zip: TALLAHASSEE, FL 32312

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: CHARLES J. GRIMSLEY

D/C

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date