

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000393

FILED
Apr 23, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF INSURANCE PROFESSIONALS CORP.

Current Principal Place of Business:

9835 SUNSET DRIVE,
SUITE 105
MAIMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

8770 SUNSET DRIVE, #451
MIAMI, FL 33173 US

New Mailing Address:

16275 N. KENDALL DRIVE, #215
MIAMI, FL 33196 US

FEI Number: 16-1648548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCH, HAYDEE R
15455 S.W. 86TH TERRACE
MIAMI, FL 33173 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: P () Delete
Name: KOCH, HAYDEE R
Address: 15455 S.W. 86TH TERRACE
City-St-Zip: MIAMI, FL 33173 US

Title: V () Delete
Name: KOCH, NORMAN R
Address: 15455 S.W. 86TH TERRACE
City-St-Zip: MIAMI, FL 33173 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: HAYDEE R. KOCH.

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date