2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N04000005417

Entity Name: FLORIDA INSURANCE EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

2888 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 12995
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 06-1725923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, SAM
2888 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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:	CLOUSER, DEB	
Address:	780 CARILLION PARKWAY	
City-St-Zip:	ST. PETERSBURG, FL 33716	
Title:	TR	( ) Delete
Name:	MUSULIN, RADE	
Address:	5700 SW 34TH STREET	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	TR	( ) Delete
Name:	MARTINEZ, ANDREW	
Address:	111-B SOUTH MONROE STREET	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	TR	( ) Delete
Name:	NEAL, CHRIS	
Address:	7401 CYPRESS GARDENS BOULEVARD	
City-St-Zip:	WINTER HAVEN, FL 33888	
Title:	TR	( ) Delete
Name:	CHAPMAN-HENDERSON, LESLIE	
Address:	1427 PIEDMONT DRIVE, EAST, SUITE 2	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	TR	( ) Delete
Name:	MIDDLEBROOKS, BRUCE	
Address:	4800 DEERWOOD CAMPUS PARKWAY	
City-St-Zip:	JACKSONVILLE, FL 32346	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: DEB CLOUSER PRES 04/28/2006
Electronic Signature of Signing Officer or Director — Date