

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005417

FILED
Apr 26, 2007
Secretary of State

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: TR (X) Change () Addition
Name: MARONEY, PAT
Address: FLORIDA STATE UNIVERSITY, MAIL CODE 1110
City-St-Zip: TALLAHASSEE, FL 32306

Title: TR (X) Change () Addition
Name: PULLIAM, JULIE
Address: 5565 GLENRIDGE CONNECTOR, SUITE 425
City-St-Zip: ATLANTA, GA 30342

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 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

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date