

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005417

FILED
Apr 26, 2011
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 (X)

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: ED
Name: MILLER, SAM
Address: 2888 REMINGTON GREEN LANE, SUITE A
City-St-Zip: TALLAHASSEE, FL 32308

Title: TR
Name: MARONEY, PAT
Address: FLORIDA STATE UNIVERSITY, MAIL CODE 1110
City-St-Zip: TALLAHASSEE, FL 32306

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

Title: C
Name: MORRIS, TOM
Address: 1055 HILLCREST ROAD, SUITE B-2
City-St-Zip: MOBILE, AL 36695

Title: TR
Name: CHAPMAN-HENDERSON, LESLIE
Address: 1427 PIEDMONT DRIVE, EAST, SUITE 2
City-St-Zip: TALLAHASSEE, FL 32308

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: SAM MILLER

ED

04/26/2011

Electronic Signature of Signing Officer or Director

Date