

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009600

FILED
Jan 19, 2009
Secretary of State

Entity Name: FLORIDA INSURANCE FRAUD EDUCATION COMMITTEE, INC.

Current Principal Place of Business:

103 ARBOUR ISLAND COURT
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

103 HARBOUR ISLAND COURT
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

PO BOX 2841
PONTE VEDRA BEACH, FL 320042841 US

New Mailing Address:

FEI Number: 59-3427715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, GEORGE F JR.
103 HARBOUR ISLAND COURT
PONTE VEDRA BEACH, FL 32082 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 () Delete
Name: KELLEY, BRETT
Address: PO BOX 450999
City-St-Zip: SUNRISE, FL 33345 US

Title: D () Delete
Name: KING, ERNIE D
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D () Delete
Name: O'BRIEN, MARILYN E
Address: PO BOX 17800
City-St-Zip: JACKSONVILLE, FL 32245

Title: T () Delete
Name: MEYER, GEORGE F JR
Address: PO BOX 2841
City-St-Zip: PONTE VEDRA BEACH, FL 320042841 US

Title: S () Delete
Name: YOUNG, JANICE E
Address: 8001 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32231 US

Title: D () Delete
Name: CUTCLIFFE, VICKI
Address: 200 E GAINES ST
City-St-Zip: TALLAHASSEE, FL 323990324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: O'BRIEN, MARILYN E
Address: PO BOX 17800
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: D (X) Change () Addition
Name: MIZELL, KEN
Address: PO BOX 91748
City-St-Zip: LAKE LAND, FL 33804 US

Title: D (X) Change () Addition
Name: YOUNG, JANICE E
Address: PO BOX 44036
City-St-Zip: JACKSONVILLE, FL 32231

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: JANICE E. YOUNG

D,S

01/19/2009

Electronic Signature of Signing Officer or Director

Date