2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N07092

Entity Name: INDEPENDENT INSURANCE AGENTS OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

525 W. LANTANA ROAD
LANTANA, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

525 W. LANTANA ROAD
LANTANA, FL 33462 US

New Mailing Address:

FEI Number: 59-1269022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORBERG, KENN
525 W. LANTANA ROAD
LANTANA, FL 33462 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: NORBERG, KENN
Address: 525 W. LANTANA ROAD
City-St-Zip: LANTANA, FL 33462 US

Title: VP (X) Delete
Name: LIDINSKY, RICHARD J
Address: 11382 PROSPERITY FARMS ROAD, SUITE 123
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: T ( ) Delete
Name: SANFORD, DAVID L
Address: 11380 PROSPERITY FARMS ROAD, SUITE 220
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D ( ) Delete
Name: NORBERG, ROBERT
Address: 525 W. LANTANA ROAD
City-St-Zip: LANTANA, FL 33462 US

Title: D ( ) Delete
Name: BERUBE, RICHARD
Address: 351 S. US 1, SUITE 102
City-St-Zip: JUPITER, FL 33477 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: SANFORD, DAVID L
Address: 1080 EAST INDIANTOWN ROAD SUITE 106
City-St-Zip: JUPITER, FL 33477 US

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: KENN NORBERG PRES 03/23/2009

Electronic Signature of Signing Officer or Director — Date