

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000373

FILED
Mar 24, 2009
Secretary of State

Entity Name: FLORIDIANS FOR FAIR INSURANCE, INC.

Current Principal Place of Business:

537 EAST PARK AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

537 EAST PARK AVENUE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTMAS, STUART A
537 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: RUSZKOWSKI, RAYMOND DR.
Address: 537 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BOYAR, CRIS
Address: 537 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: FLEISCHER, AMIR
Address: 537 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: KANE, HARLEY
Address: 537 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

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:

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: CRIS BOYAR

MR.

03/24/2009

Electronic Signature of Signing Officer or Director

Date