

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001305

FILED
Feb 09, 2009
Secretary of State

Entity Name: INSURANCE PROFESSIONALS OF POLK COUNTY, INC.

Current Principal Place of Business:

1115 BARTOW ROAD
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3383
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 32-0233580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLERY, JANICE G
1115 BARTOW ROAD
LAKELAND, FL, FL 33801 US

Name and Address of New Registered Agent:

HILLERY, JANICE G
1115 BARTOW ROAD
LAKELAND, FL 33801 US

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: JANICE G HILLERY

02/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEERY, BEVERLY R
Address: 2310 COMMERCE POINT DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: PE () Delete
Name: HILLERY, JANICE G
Address: 1115 BARTOW ROAD
City-St-Zip: LAKELAND, FL 33801

Title: VP () Delete
Name: MIRANTE, DEBORAH L
Address: 91 LAKE MORTON DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: S () Delete
Name: HYPES, CHARLENE
Address: 2310 COMMERCE POINT DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: T () Delete
Name: WERNER, DEBORAH
Address: 2310 COMMERCE POINT DRIVE
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HILLERY, JANICE G
Address: 1115 BARTOW ROAD
City-St-Zip: LAKELAND, FL 33801

Title: PE (X) Change () Addition
Name: HYPES, CHARLENE
Address: 2310 COMMERCE POINT DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: VP (X) Change () Addition
Name: MILLER, TRACY
Address: 2710 W MEMORIAL BLVD
City-St-Zip: LAKELAND, FL 33815

Title: S (X) Change () Addition
Name: MCLAIN, PEGGY
Address: 255 PRIMERA BLVD #540
City-St-Zip: LAKE MARY, FL 32746

Title: T (X) Change () Addition
Name: DAVIS, AMY J
Address: 208 E PARK STREET
City-St-Zip: AUBURNDAL, FL 33823

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: AMY J DAVIS

T

02/09/2009

Electronic Signature of Signing Officer or Director

Date