

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001305

FILED
Sep 13, 2010
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:

2710 W. MEMORIAL BLVD.
LAKELAND, FL 33805

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 33801 US

Name and Address of New Registered Agent:

DUNCAN, TRACY E
5111 ASHWOOD DRIVE
LAKELAND, FL 33811 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: TRACY E. DUNCAN

09/13/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DUNCAN, TRACY E
Address: 5111 ASHWOOD DRIVE
City-St-Zip: LAKELAND, FL 33811

Title: PE
Name: BLAKE, ANNETTE K
Address: 2202 VILLAGE PARK ROAD #104
City-St-Zip: PLANT CITY, FL 33563

Title: VP
Name: WERNER, DEBORAH
Address: 710 BUTTERNUT PLACE
City-St-Zip: LAKELAND, FL 33813

Title: S
Name: SCHLOSS, TAMI
Address: 414 N. ALEXANDER STREET
City-St-Zip: PLANT CITY, FL 33566

Title: T
Name: CARDILLO, JEANINE
Address: 173 LAKE THOMAS DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

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: TRACY E. DUNCAN

PRES

09/13/2010

Electronic Signature of Signing Officer or Director

Date