

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000001305

FILED  
Nov 23, 2011  
Secretary of State

**Entity Name:** INSURANCE PROFESSIONALS OF POLK COUNTY, INC.

**Current Principal Place of Business:**

2710 W. MEMORIAL BLVD.  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3383  
LAKELAND, FL 33802

**New Mailing Address:**

PO BOX 3383  
LAKELAND, FL 33802

**FEI Number:** 32-0233580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNCAN, TRACY E  
5111 ASHWOOD DRIVE  
LAKELAND, FL 33811 US

**Name and Address of New Registered Agent:**

BLAKE, ANNETTE K  
2202 VILLAGE PARK RD  
#104  
PLANT CITY, FL 33563 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: ANNETTE BLAKE

11/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: VP  
Name: GRECO, JEANIE  
Address: 420 WENDEL AVE  
City-St-Zip: LITHIA, FL 33547

Title: S  
Name: NEWMAN, RITA  
Address: 516 N WIGGINS RD  
City-St-Zip: PLANT CITY, FL 33566

Title: T  
Name: FREELAND, PATRICIA  
Address: 3209 STONEWATER DR  
City-St-Zip: LAKELAND, FL 33803

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: ANNETTE K BLAKE

P

11/23/2011

Electronic Signature of Signing Officer or Director

Date