2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001305

FILED Apr 27, 2012 Secretary of State

Entity Name: INSURANCE PROFESSIONALS OF POLK COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

2710 W. MEMORIAL BLVD. LAKELAND, FL 33805

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

BLAKE, ANNETTE K
3550 MARSH WREN ST
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: ANNETTE BLAKE 04/27/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

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

Title: PE

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

Title: VP

 Name:
 POPHAM, TANYA

 Address:
 10514 BAY HILLS CIR

 City-St-Zip:
 THONOTOSASSA, FL 33592

Title:

Name: KING, AMANDA

Address: 2625 CRUTCHFIELD RD #1 City-St-Zip: LAKELAND, FL 33805

Title:

Name: GRIFFIN, GLENDA
Address: 3029 BELLWOOD AVE
City-St-Zip: LAKELAND, FL 33803

Title: IPP

Name: BLAKE, ANNETTE
Address: 3550 MARSH WREN ST
City-St-Zip: LAKELAND, FL 33811

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 BLAKE P 04/27/2012