

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000659

FILED
Feb 16, 2011
Secretary of State

Entity Name: HURRICANE INSURANCE COALITION, INC.

Current Principal Place of Business:

4020 12TH STREET NORTH
ST. PETERSBURG, FL 33703

New Principal Place of Business:

1255 BRIGHTWATERS BLVD. NE
ST. PETERSBURG, FL 33704

Current Mailing Address:

4020 12TH STREET NORTH
ST. PETERSBURG, FL 33703

New Mailing Address:

1255 BRIGHTWATERS BLVD. NE
ST. PETERSBURG, FL 33704

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BALLARD, WILLIAM C
1255 BRIGHTWATERS BOULEVARD NE
ST. PETERSBURG, FL 33704 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
Name: CRANE, DONALD R
Address: 4020 12TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33703

Title: DP
Name: BALLARD, WILLIAM C
Address: 1255 BRIGHTWATERS BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: DT
Name: RISSER, PHARES N III
Address: 2865 EXECUTIVE DRIVE
City-St-Zip: CLEARWATER, FL 33762

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: WILLIAM C. BALLARD

S

02/16/2011

Electronic Signature of Signing Officer or Director

Date