

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002589

FILED
Feb 13, 2011
Secretary of State

Entity Name: INSURANCE PROFESSIONALS OF THE EMERALD COAST, INC.

Current Principal Place of Business:

321 JOHN SIMS PARKWAY
E
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

PO BOX 8177
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 36-4536606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARSON, KATHY
302 JAMAICA WAY
NICEVILLE, FL 32578 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: P
Name: WARSON, KATHY
Address: 302 JAMAICA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: TRES
Name: HUDSON, PAULA
Address: 529 DOLPHIN AVE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: VP
Name: WERNER, WENDY
Address: 201 ANTIQUA WAY
City-St-Zip: NICEVILLE, FL 32578

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: KATHY WARSON

PRES

02/13/2011

Electronic Signature of Signing Officer or Director

Date