

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011883

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** GULF COAST ASSOCIATION OF INSURANCE PROFESSIONALS, INC.

**Current Principal Place of Business:**

315 S PALAFOX ST  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1601  
PENSACOLA, FL 32591

**New Mailing Address:**

**FEI Number:** 45-4099392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENDRIX, MICHELLE L  
315 S PALAFOX ST  
PENSACOLA, FL 32502 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:** MAUGHAN, SWANTJE  
**Address:** 25 W CEDAR ST SUITE 510  
**City-St-Zip:** PENSACOLA, FL 32502

**Title:** S  
**Name:** LACY, CELESTE  
**Address:** 9830 GUIDY LANE  
**City-St-Zip:** PENSACOLA, FL 32514

**Title:** VP  
**Name:** CARPENTER, ASHLEE  
**Address:** 3255 POTTER AVE  
**City-St-Zip:** PENSACOLA, FL 32514

**Title:** T  
**Name:** DUERFELDT, MICHAEL  
**Address:** 122-2 BISHOP TOLBERT RD  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459

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:** SWANTJE K. MAUGHAN

PRES

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date