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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 JAN 29 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N45926** (5)  
1. Corporation Name  
**FLORIDA CREDIT INSURANCE ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**204 S MONROE ST** **204 S MONROE ST**  
**TALLAHASSEE FL 32301** **TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified **11/07/1991** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-3091460** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEENAN, TIMOTHY J.**  
**204 S MONROE ST**  
**TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent is acceptable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **HERRING, HERB**  
STREET ADDRESS **2000 PALM BEACH LAKES BL**  
CITY-ST-ZIP **WEST PALM BEACH FL**  
TITLE **D** ☐ DELETE  
NAME **MEEHAN, MIKE**  
STREET ADDRESS **PO BOX 15707 N/A**  
CITY-ST-ZIP **ST PETEERSBURG FL**  
TITLE **D** ☐ DELETE  
NAME **ORMOND, CLAUDIA**  
STREET ADDRESS **400 BENIFICIAL CENTER**  
CITY-ST-ZIP **PEAPACK NY 07977**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE **PD** ☒ Change ☒ Addition  
12 NAME **Glen Frye**  
13 STREET ADDRESS **2000 Palm Beach Lakes Blvd.**  
14 CITY-ST-ZIP **West Palm Beach, FL**  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)