

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90064 003 ****61.25

DOCUMENT # N48823

1. Entity Name
**FLOOD INSURANCE SERVICING COMPANIES
ASSOCIATION OF AMERICA, INC.**



Principal Place of Business
**1000 LEGION PLACE
ORLANDO, FL 32801 US**

Mailing Address
**1000 LEGION PLACE
ORLANDO, FL 32801 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3136263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELANO, G. KRISTIN
360 CENTRAL AVE.
ST. PETERSBURG, FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MOSER, LARRY
2775 SANDERS RD. STE 609
NORTHBROOK, IL 60062** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
Templeton-Jones, Patty
360 Central Avenue, Suite 901
St. Petersburg, FL 33701** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CONYERS, KATHY
9800 FREDERICKBURG ROAD, BLDG. B-1 EAST
SAN ANTONIO, TX 78288** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Allen, Jim
4828 Loop Central Drive, Ste. 1000
Houston, TX 77081** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DIVINCENTI, CYNTHIA
1000 LEGION PLACE
ORLANDO, FL 328011058** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
TEMPLETON-JONES, PATTY
360 CENTRAL AVE
ST. PETERSBURG, FL 33701** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Cynthia E. Divincenti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407/649-2912

Daytime Phone #