## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N48823** 1. Entity Name FLOOD INSURANCE SERVICING COMPANIES



03-18-2005 90042 005 \*\*\*\*61.25

	ATION OF AMERICA, INC.			TIES .						
Principal Plac 1000 LEGION ORLANDO, FI	N PLACE	Mailing Address 1000 LEGION PLACE ORLANDO, FL 32801	US							
2. Principal P	lace of Business	3. Mailing Address								
1060 Maitland Ctr Commons Suite, Apt. #, etc.		1040 Maitland Ctr Commons Suite, Apt. #, etc.		nons			mimit bilbil Bibli bibl	II MEMIJ MLAJLI	(18 <b>0) al (80)</b>	
Suite 370		Suite 370				ig-NP	CR2E037 (1	<u>, , , , , , , , , , , , , , , , , , , </u>		
City & State Maitle		maitland F	Ĺ		4. FEI Number 59-313626	3		-	plied For t Applicable	
Zip 32751	Country Orange	Zip 32751	Country Orange		5. Certificate of Sta	atus Desired		<b>75</b> Add Required		
<u> </u>	6. Name and Address of Current F		7		7. Name and Add			•		
DELANO, G. KRISTIN				Divincenti, Cynthia						
360 CENT	RAL AVE. RSBURG, FL 33701			Street Address (P.O. Box Number is Not Acceptable) 1060 Maitland Ctr. Commons Blud., Ste. 370						
	,									
			mai-	Hanc	1		r⊾ j	Zip Code 32.75	<u> </u>	
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 Cynthia A. DiVincenti 37/05 Signature typed or printed name of registroed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	Filing Fee is \$61.25	9. Election Car	manian Financina		<u> </u>					
1	riiing ree is ao i.23	J. LIECTION CA	npaign rinancing		\$5.00 May Be	M	ake check pay	yable to	•	
	Due by May 1, 2005		Contribution.	Ц	\$5.00 May Be Added to Fees	Flori	ida Departme	nt of St	ate 	
10.	Due by May 1, 2005 OFFICERS AND DIR	Trust Fund (	Contribution.	<u> </u>	Added to Fees  DDITIONS/CHANGE	Flori	Ida Departme	nt of St	10	
TITLE NAME	OFFICERS AND DIR  VD  TEMPLETON-JONE, PATTY	Trust Fund (	11. TITLE NAME	<u> </u>	Added to Fees  DDITIONS/CHANGE	Flori	Ida Departme	nt of St	10	
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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.

Cynthia A. DiVincenti 3/2/05