
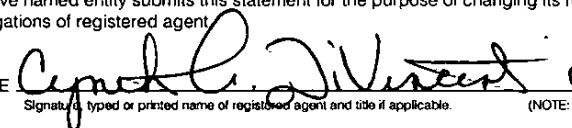


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

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

<b>DOCUMENT # N48823</b> 1. Entity Name <b>FLOOD INSURANCE SERVICING COMPANIES ASSOCIATION OF AMERICA, INC.</b>					
Principal Place of Business <b>1000 LEGION PLACE ORLANDO, FL 32801 US</b>			Mailing Address <b>1000 LEGION PLACE ORLANDO, FL 32801 US</b>		
2. Principal Place of Business <b>1060 Maitland Ctr Commons</b> Suite, Apt. #, etc. <b>Suite 370</b> City & State <b>Maitland FL</b> Zip <b>32751</b>		3. Mailing Address <b>1060 Maitland Ctr Commons</b> Suite, Apt. #, etc. <b>Suite 370</b> City & State <b>Maitland FL</b> Zip <b>32751</b>		4. FEI Number <b>59-3136263</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>Orange</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DELANO, G. KRISTIN 360 CENTRAL AVE. ST. PETERSBURG, FL 33701</b>				7. Name and Address of New Registered Agent Name <b>DiVincenti, Cynthia</b> Street Address (P.O. Box Number is Not Acceptable) <b>1060 Maitland Ctr Commons Blvd., Ste. 370</b> City <b>Maitland</b> <b>FL</b> Zip Code <b>32751</b>	
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  <b>Cynthia A. DiVincenti</b> <b>3/7/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>TEMPLETON-JONE, PATTY</b> <b>360 CENTRAL AVE., STE. 901</b> <b>SAINT PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VO</b> <b>Templeton-Jones, Patty</b> <b>10301 Deerwood Park Blvd Ste 100</b> <b>Jacksonville, FL 32256</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CONYERS, KATHY</b> <b>9800 FREDERICKBURG ROAD, BLDG. B-1 EAST</b> <b>SAN ANTONIO, TX 78288</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DIVINCENTI, CYNTHIA</b> <b>1000 LEGION PLACE</b> <b>ORLANDO, FL 328011058</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO</b> <b>DiVincenti, Cynthia</b> <b>1060 Maitland Ctr Commons Blvd., Ste. 370</b> <b>Maitland, FL 32751</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ALLEN, JIM</b> <b>4828 LOOP CENTRAL DR., STE. 1000</b> <b>HOUSTON, TX 77081</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 A. DiVincenti** **3/7/05** **407/667-1522**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #