

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90169 028 \*\*\*\*61.25

**DOCUMENT # N48823**

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



Principal Place of Business  
**1060 MAITLAND CTR. COMMONS  
SUITE 370  
MAITLAND, FL 32751 US**

Mailing Address  
**1060 MAITLAND CTR. COMMONS  
SUITE 370  
MAITLAND, FL 32751 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032006

Chg-NP

CR2E037 (11/05)

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

**DIVINCENTI, CYNTHIA  
1060 MAITLAND CTR. COMMONS BLVD. STE 370  
MAITLAND, FL 32751**

## 7. Name and Address of New Registered Agent

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, 2006**

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

TITLE **VD** ☐ Delete  
NAME **TEMPLETON-JONE, PATTY**  
STREET ADDRESS **10301 DEERWOOD PARK BLVD. STE 100**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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

TITLE **PD** ☐ Delete  
NAME **DIVINCENTI, CYNTHIA**  
STREET ADDRESS **1060 MAITLAND CTR. COMMONS BLVD., STE 370**  
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **SD** ☐ Delete  
NAME **ALLEN, JIM**  
STREET ADDRESS **4828 LOOP CENTRAL DR., STE. 1000**  
CITY-ST-ZIP **HOUSTON, TX 77081**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TO** ☐ Change ☒ Addition  
NAME **Robert Butler**  
STREET ADDRESS **40 Wantage Ave**  
CITY-ST-ZIP **Branchville NJ 07890**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

Date

407/6067-1522

Daytime Phone #