

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48823

FILED
Apr 25, 2008
Secretary of State

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

Current Principal Place of Business:

5000 US HIGHWAY 17
SUITE 18 - #236
ORANGE PARK, FL 32003 US

New Principal Place of Business:

Current Mailing Address:

5000 US HIGHWAY 17
SUITE 18 - #236
ORANGE PARK, FL 32003 US

New Mailing Address:

FEI Number: 59-3136263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIVINCENTI, CYNTHIA
5000 US HIGHWAY 17
SUITE 18 - #236
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

DIVINCENTI, CYNTHIA A
5000 US HIGHWAY 17
SUITE 18 - #236
ORANGE PARK, FL 32003 US

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.

SIGNATURE: CYNTHIA A. DIVINCENTI

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: TEMPLETON-JONE, PATTY
Address: 10301 DEERWOOD PARK BLVD. STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD () Delete
Name: DIVINCENTI, CYNTHIA
Address: 5000 US HIGHWAY 17, STE 18 - #236
City-St-Zip: ORANGE PARK, FL 32003

Title: SD () Delete
Name: ALLEN, JIM
Address: 4828 LOOP CENTRAL DR., STE. 1000
City-St-Zip: HOUSTON, TX 77081

Title: TD () Delete
Name: BUTLER, ROBERT
Address: 40 WANTAGE AVE
City-St-Zip: BRANCHVILLE, NJ 07890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA A. DIVINCENTI

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date