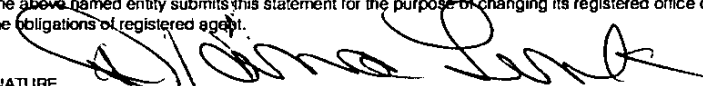
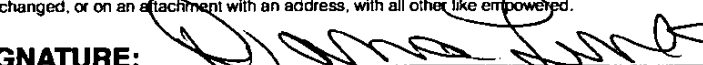


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N94000006171 1. Entity Name INSURANCE WOMEN OF ST. PETERSBURG, INC.						FILED 06 MAR -2 PM 1:15 SEVENTH JUDICIAL CIRCUIT TALLAHASSEE, FLORIDA 		
Principal Place of Business P.O. BOX 60442 ST PETERSBURG, FL 33784-0442				Mailing Address P.O. BOX 60442 ST PETERSBURG, FL 33784-0442				
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		
4. FEI Number 59-6152191				Applied For ☐ Not Applicable				
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent CLASSEN, LILIAN 11309 STARKEY RD. LARGO, FL 33773				7. Name and Address of New Registered Agent Name Diana S. Fink Street Address (P.O. Box Number is Not Acceptable) 13246 38th Street No. City Clearwater FL Zip Code 33762				
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.				DATE 2/21/06 (NOTE: Registered Agent signature required when renewing)				
Amended AR is \$61.25				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	VP MOORE, STEPHANIE 826 63RD AVE. SOUTH SAINT PETERSBURG, FL 33705			☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mona Tourangeau 1159 Queen St Clearwater, FL 33756		
				☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRUNDMAN, CHRISTINE 11309 STARKEY RD LARGO, FL 33773			☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Ginger K. Hayes 8849 Magnolia Dr Seminole, FL 33777		
				☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BREAZEALE, ROBIN 1145 QUEEN ST N SAINT PETERSBURG, FL 33713			☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nancye Porter 4160 Pompano Dr SE St. Petersburg, FL 33705		
				☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLASSEN, LILLIAN 11309 STARKEY RD. LARGO, FL 33773			☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Diana S. Fink 13246 38th St. No. Clearwater, FL 33762		
				☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, SHARON 2054 BARCELONA WAY S SAINT PETERSBURG, FL 33712			☐ Delete	600068560116 03/24/06--01006--013 **61.25			
				☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, NANCYE 4160 POMPANO DRIVE SE SAINT PETERSBURG, FL 33705			☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Paula Michael 4640 Tower Hill Lane #2324 Sarasota, FL 34238		
				☒ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 2/21/06 (727) 540-0005 Daytime Phone #				

K. Eckel MAR 07 2006