

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006171

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: INSURANCE PROFESSIONALS OF ST. PETERSBURG, INC.

**Current Principal Place of Business:**

11101 ROOSEVELT BLVD N  
SAINT PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 33012  
SAINT PETERSBURG, FL 33733

**New Mailing Address:**

FEI Number: 59-6152191      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHRISTENSEN, SHARON  
11101 ROOSEVELT BLVD N  
SAINT PETERSBURG, FL 33716      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CHRISTENSEN, SHARON  
Address: 11101 ROOSEVELT BLVD N  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D      ( ) Delete  
Name: SANDERS, TERRI  
Address: 505 BLECHER RD STE 101  
City-St-Zip: CLEARWATER, FL 33764

Title: V      ( ) Delete  
Name: CARPENTER, LAURIE  
Address: 310 SENECA FALLS DR  
City-St-Zip: APOLLO BEACH, FL 33572

Title: D      ( ) Delete  
Name: MICHAEL, PAULA  
Address: 4640 TOWER HILL LANE #2324  
City-St-Zip: SARASOTA, FL 34238

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D      (X) Change ( ) Addition  
Name: ORTIZ, EVELYN  
Address: 3251 TABERNACLE PLACE  
City-St-Zip: TAMPA, FL 33607

Title: SEC      ( ) Change (X) Addition  
Name: DENISE, IRLAND  
Address: 121 89TH AVE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: TREA      ( ) Change (X) Addition  
Name: CAMERON, CHRISTINA  
Address: 5649 HARDING BLVD. NE  
City-St-Zip: ST. PETERSBURG, FL 33703

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: SHARON CHRISTENSEN

Electronic Signature of Signing Officer or Director

PRES

04/20/2009

\_\_\_\_\_ Date