## 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: New Principal Place of Business:** 11101 ROOSEVELT BLVD N SAINT PETERSBURG, FL 33716 **Current Mailing Address: New Mailing Address:** PO BOX 33012 SAINT PETERSBURG, FL 33733 FEI Number: 59-6152191 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHRISTENSEN, SHARON 11101 ROOSEVELT BLVD N SAINT PETERSBURG, FL 33716 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CHRISTENSEN, SHARON Name: Name: 11101 ROOSEVELT BLVD N Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33716 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SANDERS, TERRI Name: Name: Address: 505 BLECHER RD STE 101 Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: () Delete Title: () Change () Addition CARPENTER, LAURIE Name: Name: Address: 310 SENECA FALLS DR Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition MICHAEL, PAULA Name: Name: ORTIZ, EVELYN 4640 TOWER HILL LANE #2324 Address: Address: 3251 TABERNACLE PLACE City-St-Zip: SARASOTA, FL 34238 City-St-Zip: TAMPA, FL 33607 Title: () Delete Title: SEC ( ) Change (X) Addition DENISE, IRLAND Name: Name: 121 89TH AVE NORTH Address: Address: ST. PETERSBURG, FL 33702 City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition CAMERON, CHRISTINA Name: Name: Address: Address: 5649 HARDING BLVD. NE ST. PETERSBURG, FL 33703 City-St-Zip: 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: SHARON CHRISTENSEN PRES 04/20/2009