

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006171

FILED
Mar 27, 2012
Secretary of State

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

Current Principal Place of Business:

300 1ST AVE S
SUITE 400
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

PO BOX 16571
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:

CORIALE, SHARON M
6266 ROCK CREEK CIRCLE
ELLENTON, FL 34222 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: PRES
Name: CAMERON, KRISTINA
Address: 2383 2ND AVE S
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VP
Name: LITTLE, JONATHAN
Address: 10203 MERRIMAC MANOR DRIVE
City-St-Zip: RIVERVIEW, FL 33578

Title: SEC
Name: HAYES, GINGER
Address: 8849 MAGNOLIA DR
City-St-Zip: SEMINOLE, FL 33777

Title: TREA
Name: CORIALE, SHARON M
Address: 6266 ROCK CREEK
City-St-Zip: ELLENTON, FL 34222

Title: DIR
Name: CAMERON, LAURA M
Address: 300 1ST AVE S SUITE 400
City-St-Zip: ST. PETERSBURG, FL 33701

Title: DIR
Name: BLANDA, PAULA K
Address: 1851 MARYLAND AVE. NE
City-St-Zip: ST. PETERSBURG, FL 33703

I hereby 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 all other like empowered.

SIGNATURE: SHARON CORIALE

TREA

03/27/2012

Electronic Signature of Signing Officer or Director

Date