2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P04000166989

Entity Name: FLORIDA RESTAURANT ASSOCIATION INSURANCE SERVICES CORPORATION

Current Principal Place of Business:

230 S ADAMS
TALLAHASSEE, FL 323017710

New Principal Place of Business:

Current Mailing Address:

230 S ADAMS
TALLAHASSEE, FL 323017710

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNER, RICHARD E
4919 HEATHE DR
TALLAHASSEE, FL 32309 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DOVER, CAROL B
Address: 534 DOVER RD
City-St-Zip: HAVANA, FL 32333

Title: VSD ( ) Delete
Name: BONE, FRANK C JR.
Address: 200 ST ANDREWS BLVD UNIT 1806
City-St-Zip: WINTER PK, FL 32792

Title: TD ( ) Delete
Name: DEARDEN, BOB
Address: 230 S ADAMS
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: TURNER, RICHARD E
Address: 4919 HEATHE DR
City-St-Zip: TALLAHASSEE, FL 32309

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL B. DOVER PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date