

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000080941

FILED
Mar 01, 2010
Secretary of State

Entity Name: FLORIDA HOSPITALITY MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

4601 TOUCHTON ROAD EAST
BLDG. 300, STE. 3150
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

4601 TOUCHTON ROAD EAST
BLDG. 300, STE. 3150
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-6077796 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: DPVC
Name: BOND, WILLIAM JR
Address: 4601 TOUCHTON RD EAST, STE 3150
City-St-Zip: JACKSONVILLE, FL 32246

Title: DT
Name: BRADLEY, RUEL L JR
Address: 4601 TOUCHTON RD EAST STE. 3150
City-St-Zip: JACKSONVILLE, FL 32246

Title: DS
Name: RICHARDSON, MARY S
Address: 4601 TOUCHTON RD EAST, STE 3150
City-St-Zip: JACKSONVILLE, FL 32246

Title: DASC
Name: GABEL, GEORGE D JR
Address: 4601 TOUCHTON RD EAST, STE 3150
City-St-Zip: JACKSONVILLE, FL 32246

Title: DC
Name: HEALAN, JACK B JR
Address: 4601 TOUCHTON RD EAST STE. 3150
City-St-Zip: JACKSONVILLE, FL 32246

Title: DAT
Name: SEAY, JOSEPH G
Address: 4601 TOUCHTON RD EAST STE. 3150
City-St-Zip: JACKSONVILLE, FL 32246

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

SIGNATURE: JOHN A LEMINE

COO

03/01/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date