

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000082710

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** COMMUNITY INSURANCE, INC.

**Current Principal Place of Business:**

12270 SW 3RD ST  
SUITE 200  
PLANTATION, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 559009  
FT. LAUDERDALE, FL 33355

**New Mailing Address:**

**FEI Number:** 65-0730206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAUGHAN, CRAIG A  
12270 SW 3 STREET  
SUITE 200  
PLANTATION, FL 33325 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: C  
Name: DONNELLY, JAMES P  
Address: 12270 SW 3 STREET, SUITE 200  
City-St-Zip: PLANTATION, FL 33325

Title: VPST  
Name: VAUGHAN, CRAIG A  
Address: 12270 SW 3 STREET, SUITE 200  
City-St-Zip: PLANTATION, FL 33325

Title: P  
Name: HARTMAN, JAMES  
Address: 12270 SW 3 STREET, SUITE 200  
City-St-Zip: PLANTATION, FL 33325

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: CRAIG VAUGHAN

VPST

03/31/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date