

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707037

Entity Name: INDEPENDENT INSURANCE AGENTS OF BROWARD COUNTY, INC.

FILED
Jan 07, 2014
Secretary of State
CC0024775826

Current Principal Place of Business:

5035 REGENCY ISLES WAY
COOPER CITY, FL 33330

Current Mailing Address:

P.O. BOX 551348
DAVIE, FL 33355-1348 US

FEI Number: 59-0944561

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FASSBACH, KAREN P
5035 REGENCY ISLES WAY
COOPER CITY, FL 33330 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

Officer/Director Detail :

Title	PRES	Title	TREA
Name	ALSINA, DENA	Name	CLEIN, STEVE
Address	1000 S STATE ROAD 7	Address	P.O. BOX 824024
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	SOUTH FLORIDA FL 33082
Title	EXECUTIVE DIRECTOR		
Name	FASSBACH, KAREN		
Address	P.O. BOX 551348		
City-State-Zip:	DAVIE FL 33355-1348		

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: KAREN FASSBACH

EXECUTIVE DIRECTOR

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date