

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000007442

Entity Name: INSURANCE AUDITOR'S ASSOCIATION OF THE SOUTHEAST
INC**FILED**
Jun 24, 2020
Secretary of State
9651149666CC**Current Principal Place of Business:**8631 NW 47TH ST
LAUDERHILL, FL 33351**Current Mailing Address:**8631 NW 47TH ST
LAUDERHILL, FL 33351 US**FEI Number: 59-2343987****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MAKI, LISA
8631 NW 47TH ST
LAUDERHILL, FL 33351 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 PRESIDENT
Name WEEKES, ASHIKA
Address 8631 NW 47TH ST
City-State-Zip: LAUDERHILL FL 33351Title VP
Name KING, DANIEL
Address 8631 NW 47TH ST
City-State-Zip: LAUDERHILL FL 33351Title SECRETARY
Name JONES, DAVID
Address 8631 NW 47TH ST
City-State-Zip: LAUDERHILL FL 33351Title TREASURER
Name HARE, DEAN
Address 8631 NW 47TH ST
City-State-Zip: LAUDERHILL FL 33351Title OTHER
Name MAKI, LISA
Address 8631 NW 47TH ST
City-State-Zip: LAUDERHILL FL 33351

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: LISA MAKI**REGISTERED AGENT****06/24/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date