

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000036669

**Entity Name:** NON-PROFIT INSURANCE SERVICES INC

**Current Principal Place of Business:**

20 N. ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801

**Current Mailing Address:**

20 N. ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801 US

**FEI Number:** 20-8693698

**Certificate of Status Desired:** No

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

CALDWELL, KEVIN S  
20 N. ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801 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            CEO  
Name            CALDWELL, K SHANE  
Address        1905 LAKE MARKHAM PRESERVE TR  
  
City-State-Zip: SANFORD FL 32771

*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:** CALDWELL, K SHANE

CEO

01/09/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date