

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001326

**Entity Name:** FLORIDA INSURANCE COLLEGE INC**FILED**

Apr 30, 2013

**Secretary of State**

CC0579649896

**Current Principal Place of Business:**121 EAST 1ST STREET  
SANFORD, FL 32771**Current Mailing Address:**PO BOX 75  
SANFORD, FL 32771**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TONEY, KENNETH R  
3217 TIDAL POOL COVE  
LAKE MARY, FL 32746 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	P	Title	VP
Name	TONEY, KENNETH R	Name	TONEY, MICHELE C
Address	3217 TIDAL POOL COVE	Address	3217 TIDAL POOL COVE
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	LAKE MARY FL 32746

Title	VP
Name	TONEY, SCARLETT M
Address	3217 TIDAL POOL COVE
City-State-Zip:	LAKE MARY FL 32746

*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:** KENNETH TONEY**EXECUTIVE DIRECTOR**

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date