

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001326

Entity Name: FLORIDA INSURANCE COLLEGE INC

Current Principal Place of Business:

59 SKYLINE DRIVE
SUITE 1550
LAKE MARY, FL 32746

Current Mailing Address:

59 SKYLINE DRIVE
SUITE 1550
LAKE MARY, FL 32746 US

FEI Number: 46-4515908

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TONEY, KENNETH R
59 SKYLINE DRIVE
SUITE 1550
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
Name TONEY, KENNETH R
Address 59 SKYLINE DRIVE
SUITE 1550
City-State-Zip: LAKE MARY FL 32746

Title VP
Name TONEY, MICHELE C
Address 59 SKYLINE DRIVE
SUITE 1550
City-State-Zip: LAKE MARY FL 32746

Title VP
Name TONEY, SCARLETT M
Address 59 SKYLINE DRIVE
SUITE 1550
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 R TONEY

OWNER

03/16/2016

Electronic Signature of Signing Officer/Director Detail

Date