

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001326

**Entity Name:** FLORIDA INSURANCE COLLEGE INC**FILED****Apr 01, 2017****Secretary of State****CC3094876485****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:**

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Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	TONEY, KENNETH R	Name	TONEY, MICHELE C
Address	59 SKYLINE DRIVE SUITE 1550	Address	59 SKYLINE DRIVE SUITE 1550
City-State-Zip:	LAKE MARY FL 32746	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 TONEY****EXECUTIVE DIRECTOR****04/01/2017**

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Electronic Signature of Signing Officer/Director Detail

Date