

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90011 039 ****70.00

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1. Entity Name
**SOUTH FLORIDA CHAPTER-PUBLIC RISK AND
INSURANCE MANAGEMENT ASSOCIATION, INC.**



Principal Place of Business
**201 W PALMETTO PARK RD
BOCA RATON, FL 33432 US**

Mailing Address
**201 W PALMETTO PARK RD
BOCA RATON, FL 33432 US**

44049962



2. Principal Place of Business
Risk Management

3. Mailing Address
c/o Daniel Lutzke

Suite, Apt. #, etc.
6591 Orange Drive

Suite, Apt. #, etc.
12351 NW 29th Manor

07202004 Chg-NP CR2E037 (10/03)

City & State
Davie, FL

City & State
Sunrise, FL

4. FEI Number
59-2173781

Applied For
☐ Not Applicable

Zip
33314

Country
Broward

Zip
33323

Country
Broward

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARDNER, PAM
201 W PALMETTO PARK RD
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name
Daniel J. Lutzke
Street Address (P.O. Box Number is Not Acceptable)
12351 NW 29th Manor

City
Sunrise **FL** Zip Code
33323

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature of Daniel J. Lutzke]

7/20/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
T ☐ Delete
NAME
LUTZKE, DANIEL J
STREET ADDRESS
6591 ORANGE DR
CITY-ST-ZIP
DAVIE, FL 33314

TITLE
V ☐ Delete
NAME
MASON, BILL
STREET ADDRESS
10770 W OAK LAND PARK BLVD
CITY-ST-ZIP
SUNRISE, FL 33351

TITLE
P ☐ Delete
NAME
GARDNER, PAM
STREET ADDRESS
201 W. PALMETTO PARK RD.
CITY-ST-ZIP
BOCA RATON, FL 33432

TITLE
S ☒ Delete
NAME
GEORGE, DARLENE
STREET ADDRESS
115 S ANDREW AVE RM 210
CITY-ST-ZIP
FT LAUDERDALE, FL

TITLE
D ☐ Delete
NAME
MCCARTHY, JOHN
STREET ADDRESS
400 NW 73RD AVE
CITY-ST-ZIP
PLANTATION, FL 33317

TITLE
D ☐ Delete
NAME
BEECHER, ED
STREET ADDRESS
501 PALM AVE
CITY-ST-ZIP
HIALEAH, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
Vice President ☒ Change ☐ Addition
NAME
Daniel J. Lutzke
STREET ADDRESS
12351 NW 29th Manor
CITY-ST-ZIP
Sunrise, FL 33323

TITLE
President ☒ Change ☐ Addition
NAME
Buschman, James
STREET ADDRESS
400 S. Federal Highway
CITY-ST-ZIP
Hallendale, FL 33009

TITLE
Secretary ☒ Change ☐ Addition
NAME
Gardner, Pam
STREET ADDRESS
201 W. Palmetto Park Rd.
CITY-ST-ZIP
Boca Raton, FL 33432

TITLE
Treasure ☐ Change ☒ Addition
NAME
Buschman, James
STREET ADDRESS
400 S. Federal Highway
CITY-ST-ZIP
Hallendale, FL 33009

TITLE
Treasurer ☐ Change ☐ Addition
NAME
Buschman, James
STREET ADDRESS
400 S. Federal Highway
CITY-ST-ZIP
Hallendale, FL 33009

TITLE
Director ☐ Change ☐ Addition
NAME
Beecher, Ed
STREET ADDRESS
501 Palm Ave
CITY-ST-ZIP
Hialeah, FL

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel J. Lutzke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 20, 2004
Date

Daytime Phone #