

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762704

FILED
Jan 23, 2013
Secretary of State
CC4458455752**Entity Name:** SOUTH FLORIDA CHAPTER-PUBLIC RISK AND INSURANCE
MANAGEMENT ASSOCIATION, INC.**Current Principal Place of Business:**C/O RISK MANAGEMENT
100 W. ATLANTIC BLVD., SUITE 219
POMPANO BEACH, FL 33060**Current Mailing Address:**C/O ED BEECHER, RISK MGR.
100 W. ATLANTIC BLVD., SUITE 219
POMPANO BEACH, FL 33060 US**FEI Number: 80-0791700****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BEECHER, EDDIE C
100 W. ATLANTIC BLVD., SUITE 219
POMPANO BEACH, FL 33060 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	DIRECTOR
Name	HOWARD, DIANNE
Address	3370 FORREST HILL BLVD
City-State-Zip:	WEST PALM BEACH FL 33406

Title	TREASURER
Name	BEECHER, EDDIE C
Address	100 WEST ATLANTIC BLVD.
City-State-Zip:	POMPANO BEACH FL 33060

Title	SECRETARY
Name	BISSESSAR, SANJEEV
Address	4800 W. COPANS RD
City-State-Zip:	COCONUT CREEK FL 33063

Title	PRESIDENT
Name	HINE, GUY
Address	101 NE 3RD AVE
City-State-Zip:	FT. LAUDERDALE FL 33301

Title	DIRECTOR
Name	MUIR, KAREN
Address	776 NE 125TH ST.
City-State-Zip:	NORTH MIAMI FL 33161

Title	DIRECTOR
Name	BRIDGES, SONIA
Address	PO BOX 025504
City-State-Zip:	MIAMI FL 33102-5504

Title	VP
Name	MCCARTHY, JOHN
Address	400 NW 73 AVE
City-State-Zip:	PLANTATION FL 33317

Title	DIRECTOR
Name	BUSCHMAN, JAMES
Address	400 S FEDERAL HWY
City-State-Zip:	HALLANDALE BCH FL 33009

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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: EDDIE C BEECHER**TREASURER****01/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SANCHEZ, DIO
Address	2020 WILTON DR
City-State-Zip:	WILTON MANORS FL 33305