

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762704

**Entity Name:** SOUTH FLORIDA CHAPTER-PUBLIC RISK AND INSURANCE  
MANAGEMENT ASSOCIATION, INC.**FILED**  
**Mar 04, 2016**  
**Secretary of State**  
**CC3829231507****Current Principal Place of Business:**C/O RISK MANAGEMENT  
100 W. ATLANTIC BLVD., SUITE219  
POMPANO BEACH, FL 33060**Current Mailing Address:**C/O JOHN MCCARTHY, RISK MGR.  
400 NW 73RD AVE  
PLANTATION, FL 33317 US**FEI Number: 80-0791700****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BUSCHMAN, JAMES  
400 SOUTH FEDERAL HWY  
HALLANDALE BEACH, FL 33009 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: BUSCHMAN JAMES****03/04/2016**

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

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

|                 |                         |
|-----------------|-------------------------|
| Title           | DIRECTOR                |
| 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/ SECRETARY       |
| Name            | BOLTON, NANCY L           |
| Address         | 100 AUSTRALIAN AVE<br>200 |
| City-State-Zip: | WEST PALM BEACH FL 33406  |

|                 |                           |
|-----------------|---------------------------|
| Title           | DIRECTOR                  |
| Name            | BUSCHMAN, JAMES           |
| Address         | 400 SOUTH FEDERAL HWY     |
| City-State-Zip: | HALLANDALE BEACH FL 33009 |

|                 |                     |
|-----------------|---------------------|
| Title           | PRESIDENT           |
| Name            | HEALD, JEAN         |
| Address         | 201 WEST PARK ROAD  |
| City-State-Zip: | BOCA RATON FL 33432 |

*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: JOHN MCCARTHY****TREASURER****03/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date