

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762704

**Entity Name:** SOUTH FLORIDA CHAPTER-PUBLIC RISK AND INSURANCE  
MANAGEMENT ASSOCIATION, INC.**FILED**  
**Mar 05, 2018**  
**Secretary of State**  
**CC4203134376****Current Principal Place of Business:**C/O RISK MANAGEMENT DEPT  
400 S FEDERAL HWY  
HALLANDALE BEACH, FL 33009**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****03/05/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOWARD, DIANNE  
Address        3370 FORREST HILL BLVD  
                  A-103  
City-State-Zip: WEST PALM BEACH FL 33406

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

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

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

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

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

Title            DIRECTOR/ SECRETARY  
Name            BOULAY, TANYA  
Address        2600 HOLLYWOOD BLVD  
City-State-Zip: HOLLYWOOD FL 33020

Title            DIRECTOR  
Name            HEALD, JEAN  
Address        100 AUSTRALIAN AVE  
                  SUITE-100  
City-State-Zip: WEST PALM BEACH FL 33406

*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 A MCCARTHY****TREASURER****03/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date