

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762704

**Entity Name:** SOUTH FLORIDA CHAPTER-PUBLIC RISK AND INSURANCE  
MANAGEMENT ASSOCIATION, INC.**FILED**  
**Apr 11, 2019**  
**Secretary of State**  
**0442507055CC****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.  
1423 PLUNKETT STREET  
HOLLYWOOD, FL 33020 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****04/11/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER  
Name MCCARTHY, JOHN  
Address 1423 PLUNKETT STREET  
City-State-Zip: HOLLYWOOD FL 33020

Title PRESIDENT  
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 VP  
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

**Continues on page 2**

*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****04/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                           |
|-----------------|---------------------------|
| Title           | SECRETARY                 |
| Name            | LLOYD-STILL, ROBERT       |
| Address         | 501 PALM AVE<br>3RD FLOOR |
| City-State-Zip: | HIALEAH FL 33010          |