

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762704

FILED
Feb 13, 2020
Secretary of State
8465424333CC**Entity Name:** SOUTH FLORIDA CHAPTER-PUBLIC RISK AND INSURANCE
MANAGEMENT ASSOCIATION, INC.**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****02/13/2020**

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 DIRECTOR
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 VP
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 PRESIDENT
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

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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: JOHN MCCARTHY**TREASURER****02/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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