

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004954

**Entity Name:** SPACE COAST PUBLIC PERSONNEL/RISK MANAGEMENT ASSOCIATION, INC.

**FILED**  
**Mar 07, 2022**  
**Secretary of State**  
**3254337622CC**

**Current Principal Place of Business:**

C/O HUMAN RESOURCES DEPARTMENT  
120 MALABAR ROAD SE.  
PALM BAY, FL 32907

**Current Mailing Address:**

C/O HUMAN RESOURCES DEPARTMENT  
120 MALABAR ROAD SE  
PALM BAY , FL 32907 US

**FEI Number: 45-2513624**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CLAWSON, LAURA A  
HUMAN RESOURCES DEPARTMENT  
120 MALABAR ROAD SE.  
PALM BAY, FL 32907 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: LAURA CLAWSON**

**03/07/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GALE, KIMBERLY  
Address        CITY OF WEST MELBOURNE  
                  2240 MINTON ROAD  
City-State-Zip: WEST MELBOURNE FL 32904-4917

Title            TREASURER  
Name            HARMON, NATALIE  
Address        HUMAN RESOURCES DEPARTMENT  
                  2 S ORLANDO AVE  
City-State-Zip: COCOA BEACH FL 32931

Title            OTHER, BOARD MEMBER, DIRECTOR  
Name            CLAWSON, LAURA A  
Address        HUMAN RESOURCES DEPARTMENT  
                  120 MALABAR ROAD SE.  
City-State-Zip: PALM BAY FL 32907

Title            SECRETARY  
Name            FRANK, SUE  
Address        CITY OF INDIAN HARBOUR BEACH  
                  2055 SOUTH PATRICK DRIVE  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            VP  
Name            JARRETT, TERRY  
Address        BROWN & BROWN CENTRAL COAST  
                  6905 N. WICKHAM ROAD, SUITE 501  
City-State-Zip: MELBOURNE FL 32940

*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: NATALIE HARMON**

**TREASURER**

**03/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date