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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 762704 (5)

1. Corporation Name

SOUTH FLORIDA CHAPTER-PUBLIC RISK AND INSURANCE  
MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

400 NW 73 AVENUE  
PLANTATION FL 33317  
US

Mailing Address

400 NW 73 AVENUE  
PLANTATION FL 33317-1609  
US3. Date Incorporated or Qualified  
04/01/19823a. Date of Last Report  
02/19/1996

2. Principal Place of Business

21 501 Palm Ave

Suite, Apt. #, etc.

22

City &amp; State

23 Hialeah, FL

24 33010

Country

25 USA

2a. Mailing Address

26 501 Palm Ave

Suite, Apt. #, etc.

27

City &amp; State

28 Hialeah, FL

29 33010

Country

30 USA

4. FEI Number  
59-2173781

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

JOHN A. MCARTHY  
400 NW 73  
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

Ed Beecher

82 Street Address (P.O. Box Number is Not Acceptable)

501 Palm Ave

83

Hialeah

84 City

FL

85 Zip Code

33010

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ed Beecher, Treasurer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETENAME BUSCHMAN, JAMES  
STREET ADDRESS 308 S. DIXIE HWY.  
CITY-ST-ZIP HALLENDALE FLTITLE S ☐ DELETENAME GOLD, CAROL  
STREET ADDRESS 3650 NE 12TH AVENUE  
CITY-ST-ZIP OAKLAND PARK FLTITLE V ☐ DELETENAME MCCARTHY, JOHN A.  
STREET ADDRESS 400 NW 73 AVENUE  
CITY-ST-ZIP PLANTATION FLTITLE D ☐ DELETENAME ANDERSON, STEVEN J  
STREET ADDRESS 6700 MIRAMAR PARKWAY  
CITY-ST-ZIP MIRAMAR FLTITLE D ☒ DELETENAME AMASON, DAVE  
STREET ADDRESS 150 NE 2 AVE  
CITY-ST-ZIP DEERFIELD BEACH FL 33641TITLE T ☐ DELETENAME BEECHER, ED  
STREET ADDRESS 501 PALM AVE  
CITY-ST-ZIP HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D. ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE V. ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE P. ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE S ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ed Beecher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97 (305) 883-8060

Date

Daytime Phone # 0038645

CR2E037 (9/96)