2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State
07-26-2004 90011 039 ****70.00

DOCUMENT # 762704

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

44049962

Principal Place of Business	Mailing Address
201 W PALMETTO PARK RD BOCA RATON, FL 33432 US	201 W PALMETTO PARK RD BOCA RATON, FL 33432 US

07202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Risk Management	c/o Daniel Lutzke
Suite, Apt. #, etc.: 6591 Orange Drive	Suite, Apt. #, etc.: 12351 NW 29th Manor
City & State: Davie, FL	City & State: Sunrise, FL
Zip: 33314 Country: Broward	Zip: 33323 Country: Broward

4. FEI Number: 59-2173781 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ XX **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARDNER, PAM
201 W PALMETTO PARK RD
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name: Daniel J. Lutzke
Street Address (P.O. Box Number is Not Acceptable): 12351 NW 29th Manor
City: Sunrise **FL** Zip Code: 33323

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 7/20/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LUTZKE, DANIEL J 6591 ORANGE DR DAVIE, FL 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President	☒ XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MASON, BILL 10770 W OAK LAND PARK BLVD SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☒ XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARDNER, PAM 201 W. PALMETTO PARK RD. BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary	☒ XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GEORGE, DARLENE 115 S ANDREW AVE RM 210 FT LAUDERDALE, FL	☒ XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure Buschman, James 400 S. Federal Highway Hallendale, FL 33009	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCARTHY, JOHN 400 NW 73RD AVE PLANTATION, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEECHER, ED 501 PALM AVE HIALEAH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel J. Lutzke July 20, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #