2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90019 030 ****70.00

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

50001146

01032005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
RISK MANAGEMENT 6591 ORANGE DRIVE DAVIE, FL 33314 US	C/O DANIEL LUTZKE 12351 NW 29TH MANOR SUNRISE, FL 33323 US

2. Principal Place of Business	3. Mailing Address
Risk Management	c/o Jim Buschman
Suite, Apt. #, etc.: 400 S. Federal Hgwy	Suite, Apt. #, etc.: 400 S. Federal Hghy
City & State: Hallendale, FL 33009	City & State: Hallendale, FL 33009
Zip: 33009 Country: USA	Zip: 33009 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUTZKE, DANIEL J 12351 NW 29TH MANOR SUNRISE, FL 33323	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Daniel J. Lutzke, V. President — January 5, 2005
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 May 1, 2005

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	VP LUTZKE, DANIEL J 6591 ORANGE DR DAVIE, FL 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MASON, BILL 10770 W OAK LAND PARK BLVD SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARDNER, PAM 201 W. PALMETTO PARK RD. BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUSCHMAN, JAMES 400 S. FEDERAL HIGHWAY HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 XX	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Bridges, Sonia S. P.O. Box 59-2075 Miami, FL 33159-2075	☐ Change XX 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 — January 5, 2005 — 954-797-1097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #