

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762704

FILED  
Jan 18, 2012  
Secretary of State

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

**Current Principal Place of Business:**

C/O RISK MANAGEMENT  
100 W. ATLANTIC BLVD., SUITE 219  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ED BEECHER, RISK MGR.  
100 W. ATLANTIC BLVD., SUITE 219  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

**FEI Number:** 59-2173781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEECHER, EDDIE C  
100 W. ATLANTIC BLVD., SUITE 219  
POMPANO BEACH, FL 33060 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOWARD, DIANNE  
Address: 3370 FORREST HILL BLVD  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: T  
Name: BEECHER, EDDIE C  
Address: 100 WEST ATLANTIC BLVD.  
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D  
Name: SANCHEZ, DIO  
Address: 524 NE 21ST CT  
City-St-Zip: WILTON MANORS, FL 33305

Title: V  
Name: HINE, GUY  
Address: 101 NE 3RD AVE  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: PD  
Name: MUIR, KAREN  
Address: 776 NE 125TH ST.  
City-St-Zip: NORTH MIAMI, FL 33161

Title: D  
Name: BRIDGES, SONIA  
Address: PO BOX 025504  
City-St-Zip: MIAMI, FL 331025504

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: EDDIE C. BEECHER

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01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date