

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000003389

FILED
Nov 12, 2008
Secretary of State

Entity Name: TAMPA BAY PUBLIC RISK MANAGERS ASSOCIATION, INC.

Current Principal Place of Business:

500 MONTGOMERY STREET
SUITE 750
ALEXANDRIA, VA 223141565

New Principal Place of Business:

500 MONTGOMERY STREET
SUITE 750
ALEXANDRIA, VA 223141565 US

Current Mailing Address:

500 MONTGOMERY STREET
SUITE 750
ALEXANDRIA, VA 223141565

New Mailing Address:

P.O. BOX 173691
TAMPA, FL 33762 US

FEI Number: 59-3744363 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RIVELLINI, PETER A
911 CHESTNUT STREE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

RIVELLINI, PETER A
911 CHESTNUT STREET
CLEARWATER, FL 33756 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: PETER A. RIVELLINI

11/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SWIFT, CAROL
Address: 500 MONTGOMERY STREET
City-St-Zip: ALEXANDRIA, VA 223141565

Title: SD () Delete
Name: KENDALL, RICHARD
Address: 500 MONTGOMERY STREET
City-St-Zip: ALEXANDRIA, VA 223141565

Title: PD () Delete
Name: MCNABB, MICHAEL
Address: 500 MONTGOMERY STREET
City-St-Zip: ALEXANDRIA, VA 223141565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: SWIFT, CAROLE
Address: P.O. BOX 173691
City-St-Zip: TAMPA, FL 33762 US

Title: PD (X) Change () Addition
Name: KENDALL, RICHARD
Address: P.O. BOX 173691
City-St-Zip: TAMPA, FL 33762 US

Title: VPD (X) Change () Addition
Name: MCNABB, MICHAEL
Address: P.O. BOX 173691
City-St-Zip: TAMPA, FL 33762 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROLE SWIFT

STD

11/12/2008

Electronic Signature of Signing Officer or Director

Date