

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003389

FILED  
May 06, 2009  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 173691  
TAMPA, FL 33762 US

**New Mailing Address:**

**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 STREET  
CLEARWATER, FL 33756 US

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

RIVELLINI, PETER A ESQ  
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

05/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: LOCK, REGINA  
Address: P.O. BOX 173691  
City-St-Zip: TAMPA, FL 33762 US

Title: TD ( ) Change (X) Addition  
Name: SWANN, RICK  
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: RICKEY SWANN

PD

05/06/2009

Electronic Signature of Signing Officer or Director

Date