

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000665

FILED
Apr 15, 2009
Secretary of State

Entity Name: FLORIDA PUBLIC HOUSING AUTHORITY SELF INSURANCE FUND, INC.

Current Principal Place of Business:

335 BEARD STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

3606 MACLAY BLVD., S.
TALLAHASSEE, FL 32312

Current Mailing Address:

PO BOX 14629
TALLAHASSEE, FL 32317

New Mailing Address:

PO BOX 12909
TALLAHASSEE, FL 32317

FEI Number: 26-2134392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENNAN, JOHN L III,ESQ
240 EAST 5TH AVE
TALLAHASSEE, FL 32303 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 () Delete
Name: RAMSEY, ELLEN
Address: 1300 BROAD STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: WILLIAMS, MARTIN
Address: 1514 UNION STREET
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: MILLER, BARBARA
Address: 3810 INVERRARY BLVD #405
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELLEN RAMSEY

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date