

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000665

FILED
Apr 10, 2012
Secretary of State

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

Current Principal Place of Business:

3606 MACLAY BLVD., S.
TALLAHASSEE, FL 32312

New Principal Place of Business:

3606 MACLAY BLVD., S.
100
TALLAHASSEE, FL 32312

Current Mailing Address:

PO BOX 12909
TALLAHASSEE, FL 323172909

New Mailing Address:

FEI Number: 26-2134392 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUNT, SCOTT P
3606 MACLAY BLVD., S.
TALLAHASSEE, FL 32312 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: C
Name: MILLER, BARBARA
Address: 4780 NORTH STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D
Name: CASTILLO, J. MANUEL
Address: 1400 KENNEDY DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: T
Name: WILLIAMS, MARTIN
Address: 1529 WEST MAIN STREET
City-St-Zip: TAMPA, FL 33607

Title: D
Name: BURGER, MARIA
Address: 611 CHURCH STREET
City-St-Zip: STUART, FL 34994

Title: D
Name: FERGUSON, RONNIE
Address: 1300 BROAD STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: SKIPPER, LETICIA
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142

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: BARBARA MILLER

C

04/10/2012

Electronic Signature of Signing Officer or Director

_____ Date