2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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NORTH FLORIDA/ALABAMA CHAPTER, PUBLIC RISK

AND INS (PRIMA)	SURANCE MANAGEMENT A	ASSOCI	IATION, INC.							
3220 DEER RIDGE ROAD		3220	Mailing Address 3220 DEER RIDGE ROAD CANTONMENT, FL 32533 US						540	17543
2. Principal I	Place of Business	3. Mail	ing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03042004 Chg-NP CR2E037 (10/03)				
City & State		City & State				4. FEI Number Applied For 59-3506764 Not Applicable				
Zip	Country	Zip		Country		5. Certificate of Sta	atus Desired		8.75 Add	litional
	6. Name and Address of Current	Registere	d Agent			7. Name and Addi	ress of New R			
DUDCHETT BILL			Name							
BURCHETT, BILL 3220 DEER RIDGE ROAD CANTONMENT, FL 32533			Street Addr			s (P.O. Box Number is Not Acceptable)				
	,			City	<u>. </u>				Zip Code	э
0 The above								FL	·	
	e named entity submits this statement for tions of registered agent.	or the purpo	ose of changing its re	gistered office o	r registere	ed agent, or both, in t	the State of Flo	rida. I am fan	miliar with,	and accept
						. •				
SIGNATURE			· · · · · · · · · · · · · · · · · · ·							
	Signature, typed or printed name of registered agent a	and title if appl	icable. (NOTE: F	Registered Agent signat	bure required	when reinstating)		DATE		
	•									
	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees		ake check p da Departm		
10.		RECTORS			Ц		Flori	da Departm	ent of St	ate
TITLE	Due by May 1, 2004 OFFICERS AND DIF	RECTORS		11.	Ц	Added to Fees	Flori	da Departm	ent of St	ate
TITLE NAME	OFFICERS AND DIF T HOLZSCHAH, L	RECTORS	Trust Fund Cor	11. TITLE NAME	Ц	Added to Fees	Flori	da Departm	ctors in	ate 10
TITLE	OFFICERS AND DIF T HOLZSCHAH, L 601 NORTH PEARL	RECTORS	Trust Fund Cor	TITLE NAME STREET ADDRESS	Ц	Added to Fees	Flori	da Departm	ctors in	ate 10
TITLE NAME STREET ADDRESS	OFFICERS AND DIF T HOLZSCHAH, L	RECTORS	Trust Fund Cor	TITLE NAME STREET ACCRESS CITY-ST-ZIP	A	Added to Fees	Flori	da Departm	CTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLZSCHAH, L 601 NORTH PEARL CRESTVIEW, FL 32536 VD HODGES, GLENN	RECTORS	Trust Fund Cor	TITLE NAME STREET ADDRESS	A VD	Added to Fees DDITIONS/CHANGE	Flori	da Departm	ctors in	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF T HOLZSCHAH, L 601 NORTH PEARL CRESTVIEW, FL 32536 VD HODGES, GLENN 205 GOVERMENT STREET	RECTORS	Trust Fund Cor	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VD Mul:	Added to Fees DDITIONS/CHANGE	Flori	da Departm	CTORS IN Change	10 Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Muley Tom Mulkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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