

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003272	
1. Entity Name NORTH FLORIDA/ALABAMA CHAPTER, PUBLIC RISK AND INSURANCE MANAGEMENT ASSOCIATION, INC. (PRIMA)	



Principal Place of Business 3220 DEER RIDGE ROAD CANTONMENT, FL 32533	Mailing Address 3220 DEER RIDGE ROAD CANTONMENT, FL 32533 US
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04202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3506764	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURCHETT, BILL 3220 DEER RIDGE ROAD CANTONMENT, FL 32533
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLZSCHAH, L 601 NORTH PEARL CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULROY, TOM 180 GOVERNMENTAL CENTER PENSACOLA, FL 32524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURCHELT, BILL 3220 DEERRIDGE RD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHROUT, MARK 9250 HAMMAN ST. PENSACOLA, FL 325140311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, DONNA 205 GOVERNMENT ST. MOBILE, AL 366441801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000324522
04/22/05-80035-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Donna Jones **Donna Jones** 4/20/05 251-574-5064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #