

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004852

FILED
Apr 05, 2019
Secretary of State
3482640048CC

Entity Name: FLORIDA EDUCATIONAL RISK MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

4500 NW 27TH AVENUE
SUITE B2
GAINESVILLE, FL 32606

Current Mailing Address:

4500 NW 27TH AVENUE
SUITE B2
GAINESVILLE, FL 32606 US

FEI Number: 26-0177250

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIPLETT, LINDA F
2630 NW 41ST ST STE B
GAINESVILLE, FL 32606 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: LINDA F TRIPLETT

04/05/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MCFARLAND, BONNIE
Address 2855 COLONIAL BLVD
City-State-Zip: FT MYERS FL 33966

Title TREASURER
Name STRATTON, ROBERT
Address 1701 PRUDENTIAL DR
ROOM 513
City-State-Zip: JACKSONVILLE FL 32207

Title PRESIDENT
Name PAUL, APRIL
Address PINELLAS COUNTY SCHOOLS
301 4TH STREET, SW
City-State-Zip: LARGO FL 33770

Title DIRECTOR
Name BECKER, LISA
Address 919 N BROAD ST
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name GRINER, JAMES
Address WAKULLA COUNTY SCHOOL
DISTRICT
69 ARRAN ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name MILLETT, MICHAEL
Address 901 E KENNEDY BLVD
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name PIAZZA, JUSTIN
Address 4500 NW 27TH AVENUE
SUITE B2
City-State-Zip: GAINESVILLE FL 32606

Title EXECUTIVE SECRETARY
Name OHLSON, SELINA
Address 4500 NW 27TH AVENUE
SUITE B2
City-State-Zip: GAINESVILLE FL 32606

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: SELINA OHLSON

EXECUTIVE SECRETARY 04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date