

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004852

FILED
Apr 08, 2022
Secretary of State
6679246182CC

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
4500 NW 27TH AVENUE
SUITE B2
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

04/08/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title PRESIDENT
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

Title DIRECTOR
Name PETERSON, LYNN
Address SCHOOL BOARD OF SARASOTA
 COUNTY
 1960 LANDINGS BLVD
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name HARTLEY, ROBERT
Address NE FLORIDA EDUCATIONAL
 CONSORTIUM
City-State-Zip: PALATKA FL 32177

Title HISTORIAN
Name RADCLIFF, JOHN
Address 100 N DAVIS ROAD
City-State-Zip: LAGRANGE GA 30241

Title DIRECTOR
Name WATKINS, JACKIE
Address 1701 PRUDENTIAL DRIVE
City-State-Zip: JACKSONVILLE FL 32207

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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

04/08/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HUDSON, MICKEY
Address 753 W BLVD
City-State-Zip: CHIPLEY FL 32428