

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004852

Entity Name: FLORIDA EDUCATIONAL RISK MANAGEMENT ASSOCIATION, INC.**FILED**
Feb 05, 2024
Secretary of State
0745067315CC**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:**SELINA, OHLSON A
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:** SELINA OHLSON

02/05/2024

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** EXECUTIVE SECRETARY
Name OHLSON, SELINA
Address 4500 NW 27TH AVENUE
SUITE B2
City-State-Zip: GAINESVILLE FL 32606**Title** HISTORIAN
Name RADCLIFF, JOHN
Address 100 N DAVIS ROAD
City-State-Zip: LAGRANGE GA 30241**Title** DIRECTOR
Name HUDSON, MICKEY
Address 753 W BLVD
City-State-Zip: CHIPLEY FL 32428**Title** PAST PRESIDENT
Name PETERSON, LYNN
Address 1960 LANDINGS BLVD
City-State-Zip: SARASOTA FL 34231**Title** PRESIDENT
Name HARTLEY, ROBERT
Address NE FLORIDA EDUCATIONAL
CONSORTIUM
City-State-Zip: PALATKA FL 32177**Title** PRESIDENT ELECT
Name WATKINS, JACKIE
Address 1701 PRUDENTIAL DRIVE
City-State-Zip: JACKSONVILLE FL 32207**Title** DIRECTOR
Name WADE, KALEE
Address 4500 NW 27TH AVENUE
SUITE B2
City-State-Zip: GAINESVILLE FL 32606**Continues on page 2**

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**FERMA EXECUTIVE
SECRETARY**

02/05/2024

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHATZBERG, TRACY
Address 901 E KENNEDT=Y BLVD
City-State-Zip: TAMPA FL 33602