

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004852

FILED
Apr 07, 2021
Secretary of State
7364802097CC

Entity Name: FLORIDA EDUCATIONAL RISK MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

4500 NW 27TH AVENUE
SUITE D2
GAINESVILLE, FL 32606

Current Mailing Address:

4500 NW 27TH AVENUE
SUITE D2
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 D2
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

04/07/2021

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

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

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

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

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

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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