

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004852

**Entity Name:** FLORIDA EDUCATIONAL RISK MANAGEMENT ASSOCIATION, INC.**FILED**  
**Apr 30, 2020**  
**Secretary of State**  
**4143972383CC****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  
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**04/30/2020**

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

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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**BOARD EXECUTIVE SEC 04/30/2020**

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