

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004852

FILED
Mar 21, 2014
Secretary of State
CC6492229149

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
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

03/21/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name KING, LINDA
Address 3370 FOREST HILL BLVD., SUITE A103
City-State-Zip: WEST PALM BEACH FL 33406

Title PRESIDENT
Name GANSTINE, TONY
Address 4500 NW 27TH AVENUE
SUITE D2
City-State-Zip: GAINESVILLE FL 32606

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

Title PRES ELECT
Name WINDHAM, KEVIN
Address 75 NORTH PACE BLVD.
City-State-Zip: PENSACOLA FL 32505

Title TREASURER
Name BIRT, RICHARD "BO"
Address 426 SCHOOL STREET
City-State-Zip: SEBRING FL 33870

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

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

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: TONY GANSTINE

PRES

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date