

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004852

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC2010536298**

**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

01/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title           BOARD  
Name           GRINER, JAMES  
Address        WAKULLA COUNTY SCHOOL  
                  DISTRICT  
                  69 ARRAN ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

*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

TREAS

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date