

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004852

FILED
Mar 09, 2016
Secretary of State
CC3174027831

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

03/09/2016

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 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 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

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: ROBERT STRATTON

PRESIDENT

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date