

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004852

**FILED**  
**Apr 08, 2022**  
**Secretary of State**  
**6679246182CC**

**Entity Name:** FLORIDA EDUCATIONAL RISK MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

4500 NW 27TH AVENUE  
SUITE B2  
GAINESVILLE, FL 32606

**Current Mailing Address:**

4500 NW 27TH AVENUE  
SUITE B2  
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 B2  
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

04/08/2022

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

Title           PRESIDENT  
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

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

Title           DIRECTOR  
Name           WATKINS, JACKIE  
Address        1701 PRUDENTIAL DRIVE  
City-State-Zip: JACKSONVILLE FL 32207

**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

04/08/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HUDSON, MICKEY  
Address        753 W BLVD  
City-State-Zip: CHIPLEY FL 32428