


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000796 1. Entity Name THE TAMPA BAY CHAPTER OF THE RISK AND INSURANCE MANAGEMENT SOCIETY, INC.	
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Principal Place of Business 100 SOUTH ASHLEY DR SUITE 2150 TAMPA, FL 33602 US	Mailing Address 100 SOUTH ASHLEY DR SUITE 2150 TAMPA, FL 33602 US
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3625594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIVYER, NEAL A 100 SOUTH ASHLEY DRIVE SUITE 2150 TAMPA, FL 33602
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELILLO, MARK 8430 ENTERPIRSE CIRCLE #100 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCNABB, MIKE 720 ZACK STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENISHEK, MICHAEL 503-10TH STREET WEST PALMETTO, FL 34220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETRUCELLI, LUCY 2379 BROAD STREET BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRARO, BARBARA PO BOX 12749 ST PETERSBURG, FL 33732749
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000372111
07/11/05-80019-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Mark A. Delillo</u> MARK A. Delillo	7/6/05 941-554-2043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #