

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000796

1. Entity Name
THE TAMPA BAY CHAPTER OF THE RISK AND
INSURANCE MANAGEMENT SOCIETY, INC.



FILED

08 SEP 12 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



06102008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3625594

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

700135960477
09/16/08--01012--007 **61.25

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IN THIS SPACE

TITLE D
NAME DELILLO, MARK
STREET ADDRESS 8430 ENTERPIRSE CIRCLE #100
CITY-ST-ZIP BRADENTON, FL 34202

TITLE D
NAME MCNABB, MIKE
STREET ADDRESS 720 ZACK STREET
CITY-ST-ZIP TAMPA, FL 33602

TITLE D
NAME BENISHEK, MICHAEL
STREET ADDRESS 503-10TH STREET WEST
CITY-ST-ZIP PALMETTO, FL 34220

TITLE D
NAME PETRUCELLI, LUCY
STREET ADDRESS 2379 BROAD STREET
CITY-ST-ZIP BROOKSVILLE, FL 34609

TITLE D
NAME FERRARO, BARBARA
STREET ADDRESS PO BOX 12749
CITY-ST-ZIP ST PETERSBURG, FL 337332749

TITLE D
NAME George Lawton
STREET ADDRESS 9000 68th St. N.
CITY-ST-ZIP Pinellas Park, FL 33782-4401

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Delillo

9/9/08

Date

941-554-2043

Daytime Phone #