2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# N00000008110

Entity Name: FLORIDA NORTH CENTRAL CHAPTER OF THE RISK AND INSURANCE MANAGEMENT SOCIETY, INC.

Current Principal Place of Business:

C/O PATRICIA SIKES
7007 SEA WORLD DR
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

C/O PATRICIA SIKES
7007 SEA WORLD DR
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 59-3072389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIKES, PATRICIA
7007 SEA WORLD DR
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SIKES, PATRICIA	
Address:	7007 SEA WORLD DR	
City-St-Zip:	ORLANDO, FL 32807	
Title:	DVT	( ) Delete
Name:	BEARD, BYRON	
Address:	P.O. BOX 530065	
City-St-Zip:	ORLANDO, FL 32827	
Title:	SD	( ) Delete
Name:	DYKES, MITZI	
Address:	1550 KUWANA LANE	
City-St-Zip:	DELAND, FL 32720	
Title:	D	( ) Delete
Name:	CATAPANO, FRANK	
Address:	142 N FLORIDA AVE	
City-St-Zip:	DELAND, FL 32720	
Title:	D	( ) Delete
Name:	HOLCOMBE, DAVID	
Address:	P.O. BOX 2801	
City-St-Zip:	DAYTONA BEACH, FL 321202801	
Title:	D	( ) Delete
Name:	NIELSEN, MARY	
Address:	1000 AAA DR., MS41	
City-St-Zip:	HEATHROW, FL 327465063	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA SIKES PRES 01/13/2004

Electronic Signature of Signing Officer or Director — Date