2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90155 041 ****61.25

DOCUMENT # N00000008110

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

Principal Place of Business	Mailing Address
C/O PATRICIA SIKES 7007 SEA WORLD DR ORLANDO, FL 32807	C/O PATRICIA SIKES 7007 SEA WORLD DR ORLANDO, FL 32807

03242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3072389 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIKES, PATRICIA 7007 SEA WORLD DR ORLANDO, FL 32807	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIKES, PATRICIA 7007 SEA WORLD DR ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Sikes, Patricia 7007 Sea World Dr Orlando, Fl 32821	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT BEARD, BYRON P.O. BOX 530065 ORLANDO, FL 32827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Beard, Byron P.O. Box 530065 Orlando, Fl 32827	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DYKES, MITZI 1550 KUWANA LANE DELAND, FL 32720	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Darla Herndon 225 Newburyport Avenue Altamonte Springs, Fl 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CATAPANO, FRANK 142 N FLORIDA AVE DELAND, FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Lori Keefer 1000 AAA Dr., MS41 Heathrow, Fl 327465063	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLCOMBE, DAVID P.O. BOX 2801 DAYTONA BEACH, FL 321202801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Beth Nash 433 N. Mills Avenue Orlando, Fl 32803	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIELSEN, MARY 1000 AAA DR., MS41 HEATHROW, FL 327465063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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] Patricia Sikes 3/24/05 407 363-2182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #