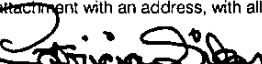


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 C/O PATRICIA SIKES 7007 SEA WORLD DR ORLANDO, FL 32807			Mailing Address C/O PATRICIA SIKES 7007 SEA WORLD DR ORLANDO, FL 32807		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3072389	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIKES, PATRICIA 7007 SEA WORLD DR ORLANDO, FL 32807			7. Name and Address of New Registered Agent 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 ☐ \$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 PD NAME SIKES, PATRICIA STREET ADDRESS 7007 SEA WORLD DR CITY-ST-ZIP ORLANDO, FL 32807	☐ Delete		TITLE VTD NAME Sikes, Patricia STREET ADDRESS 7007 Sea World Dr CITY-ST-ZIP Orlando, FL 32821	☒ Change ☒ Addition	
TITLE DVT NAME BEARD, BYRON STREET ADDRESS P.O. BOX 530065 CITY-ST-ZIP ORLANDO, FL 32827	☐ Delete		TITLE PD NAME Beard, Byron STREET ADDRESS P.O. Box 530065 CITY-ST-ZIP Orlando, FL 32827	☐ Change ☒ Addition	
TITLE SD NAME DYKES, MITZI STREET ADDRESS 1550 KUWANA LANE CITY-ST-ZIP DELAND, FL 32720	☒ Delete		TITLE D NAME Daria Herndon STREET ADDRESS 225 Newburyport Avenue CITY-ST-ZIP Altamonte Springs, FL 32701	☐ Change ☒ Addition	
TITLE D NAME CATAPANO, FRANK STREET ADDRESS 142 N FLORIDA AVE CITY-ST-ZIP DELAND, FL 32720	☐ Delete		TITLE SD NAME Lori Keefer STREET ADDRESS 1000 AAA Dr., MS41 CITY-ST-ZIP Heathrow, FL 327465063	☐ Change ☐ Addition	
TITLE D NAME HOLCOMBE, DAVID STREET ADDRESS P.O. BOX 2801 CITY-ST-ZIP DAYTONA BEACH, FL 321202801	☒ Delete		TITLE D NAME Beth Nash STREET ADDRESS 433 N. Mills Avenue CITY-ST-ZIP Orlando, FL 32803	☐ Change ☐ Addition	
TITLE D NAME NIELSEN, MARY STREET ADDRESS 1000 AAA DR., MS41 CITY-ST-ZIP 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:  Patricia Sikes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/24/05 407 363-2182 Date Daytime Phone #		