2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N00000008110

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

Current Principal Place of Business:

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

New Principal Place of Business:

C/O SUSAN MARTIN
109 E. CHURCH STREET, SUITE 200
ORLANDO, FL 32801

Current Mailing Address:

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

New Mailing Address:

C/O SUSAN MARTIN
109 E. CHURCH STREET, SUITE 200
ORLANDO, FL 32801

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

Name and Address of Current Registered Agent:

MARTIN, SUSAN M
109 E. CHURCH STREET, SUITE 200
ORLANDO, FL 32801 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:	PRES	( ) Delete
Name:	DYKES, MITZI	
Address:	1550 KUWANA WAY	
City-St-Zip:	DELAND, FL 32720	
Title:	VP	( ) Delete
Name:	BRODERICK, RICHARD	
Address:	1025 W. NASA BOULEVARD	
City-St-Zip:	MELBOURNE, FL 32919	
Title:	SEC	( ) Delete
Name:	KEEFER, LORI	
Address:	1000 AAA DRIVE	
City-St-Zip:	HEATHROW, FL 32746	
Title:	TREA	( ) Delete
Name:	MARTIN, SUSAN	
Address:	109 E. CHURCH STREET, SUITE 200	
City-St-Zip:	ORLANDO, FL 32801	
Title:	DEL	( ) Delete
Name:	NIELSEN, MARY	
Address:	1000 AAA DRIVE	
City-St-Zip:	HEATHROW, FL 32746	
Title:	DIR	( ) Delete
Name:	DERIDDER, LAUREN	
Address:	111 W. JEFFERSON STREET	
City-St-Zip:	ORLANDO, FL 32801	

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 exemption stated 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 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: SUSAN MARTIN TREA 04/18/2008

Electronic Signature of Signing Officer or Director — Date