

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008110

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

1067 DRIFT CREEK COVE
ORLANDO, FL 32828

FEI Number: 32-0250129

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: PRES (X) Change () Addition
Name: BRODERICK, RICHARD
Address: 1025 W. NASA BLVD
City-St-Zip: MELBOURNE, FL 32919

Title: VP (X) Change () Addition
Name: MARTIN, SUSAN
Address: 109 E. CHURCH STREET, SUITE 200
City-St-Zip: ORLANDO, FL 32801

Title: SEC (X) Change () Addition
Name: WEBSTER, SARA
Address: 1025 W. NASA BLVD
City-St-Zip: MELBOURNE, FL 32919

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

Title: DEL (X) Change () Addition
Name: DYKES, MITZI
Address: 1550 KUWANA WAY
City-St-Zip: DELAND, FL 32720

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 M. MARTIN

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date