

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2010
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:

1067 DRIFT CREEK COVE
ORLANDO, FL 32828

New Mailing Address:

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
Name: BRODERICK, RICHARD
Address: 1025 W. NASA BLVD
City-St-Zip: MELBOURNE, FL 32919

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

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

Title: TREA
Name: NIELSEN, MARY
Address: 1000 AAA DRIVE MS41
City-St-Zip: HEATHROW, FL 32746

Title: DEL
Name: DYKES, MITZI
Address: 1550 KUWANA WAY
City-St-Zip: DELAND, FL 32720

Title: DIR
Name: KRIS, BURCH
Address: 1000 DARDEN CENTER DRIVE
City-St-Zip: ORLANDO, FL 32837

I hereby 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 all other like empowered.

SIGNATURE: SUSAN MARTIN

VP

04/08/2010

Electronic Signature of Signing Officer or Director

Date