

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000796

**Entity Name:** THE TAMPA BAY CHAPTER OF THE RISK AND INSURANCE  
MANAGEMENT SOCIETY, INC.**Current Principal Place of Business:**3072 RENATTA DRIVE  
BELLEAIR BLUFFS, FL 33770**Current Mailing Address:**3072 RENATTA DRIVE  
BELLEAIR BLUFFS, FL 33770 US**FEI Number:** 59-3625594**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAWTON, GEORGE E  
3072 RENATTA DRIVE  
BELLEAIR BLUFFS, FL 33770 US*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LYNCH, JASON  
Address        3072 RENATTA DRIVE  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title            VP  
Name            FERRARO, BARBARA  
Address        3072 RENATTA DRIVE  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title            D  
Name            REYES, CHRIS  
Address        3072 RENATTA DRIVE  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title            T  
Name            LAWTON, GEORGE  
Address        3072 RENATTA DRIVE  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title            DIRECTOR  
Name            COGDELL, BRENDA  
Address        3072 RENATTA DRIVE  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title            DIRECTOR  
Name            BOWDEN, CHARLIE  
Address        3072 RENATTA DRIVE  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title            DIRECTOR  
Name            BENISHEK, MIKE  
Address        3072 RENATTA DRIVE  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title            DIRECTOR  
Name            KENDALL, RICKEY  
Address        3072 RENATTA DR.  
City-State-Zip: BELLEAIR BLUFFS FL 33770

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*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:** GEORGE LAWTON**TREASURER****02/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               REYES, CHRIS  
Address            3072 RENATTA DRIVE  
City-State-Zip:   BELLEAIR BLUFFS FL 33770

Title               DIRECTOR  
Name               SMITH, LIZ  
Address            3072 RENATTA DRIVE  
City-State-Zip:   BELLEAIR BLUFFS FL 33770

Title               SECRETARY  
Name               WEINSTEIN, LISA  
Address            3072 RENATTA DRIVE  
City-State-Zip:   BELLEAIR BLUFFS FL 33770