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FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703232 (9)

1. Corporation Name

RISK AND INSURANCE MANAGEMENT SOCIETY FLORIDA BROWARD CHAPTER INC.

Principal Place of Business	Mailing Address
1632 NW 5 ST. BOCA RATON FL 33486	1632 NW 5 ST. BOCA RATON FL 33486

3. Date Incorporated or Qualified: 11/21/1961

4. FEI Number: 59-1995593 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1144 East Newport Center Drive	26 1144 East Newport Center Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Deerfield Beach Florida	28 Deerfield Beach, Fl
24 Zip 33442 / 25 Country US	29 Zip 33442 / 30 Country US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FIX, CHARLES W
1632 NW 5 ST.
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name: Butz, Cristina

82 Street Address (P.O. Box Number is Not Acceptable): 1144 East Newport Center

83

84 City: Deerfield Beach FL 85 Zip Code: 33442

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X Christina M Butz CHRISTINA M BUTZ 4/08/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, MIKE		1.2 NAME		
STREET ADDRESS	2500 N MILITARY TR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RAON FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TORRE, RON		2.2 NAME		
STREET ADDRESS	P.O. DRAWER 14250 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUYBERS, RICK		3.2 NAME		
STREET ADDRESS	2700 NW 48 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FIX, CHARLES		4.2 NAME		
STREET ADDRESS	1632 NW 5 ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	PD	☐ Change ☒ Addition
NAME			5.2 NAME	Butz, Cristina	
STREET ADDRESS			5.3 STREET ADDRESS	1144 East Newport Center	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Deerfield Beach Fl 33442	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christina M Butz CHRISTINA M BUTZ 4/08/98 954-48-6644