NONPROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	703232

1. Corporation Name

RISK AND INSURANCE MANAGEMENT SOCIETY FLORIDA BR OWARD CHAPTER INC.

Principal Place of Business

1144 E NEWPORT CENTER DR DEERFIELD BEACH FL 33442 US

Mailing Address

1144 E NEWPORT CENTER DR DEERFIELD BEACH FL 33442

FILED SECRETARY OF STATE

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		2a. Mailing Address		3. Date Incorporated or Qualifed		
2. Principal Plac	ce of Business	26		11/21/1961	Applied For	
21		Suite, Apt. #, etc.	-	4. FEI Number	Not Applicable	
Suite, Apt. #,	etc.	27		59-1995593		
City & State		5. Certificate of Status Desired Fee Required				
City & State		28				
23	On the	Zip	Country	6. Election Campaian I	.00 May Be Ided to Fees	
Zip	Country	29 30		Trust Fund Contribution	1000 10 7 000	
24	25	[23]		10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent 81 Name But 2 , Christing						
_ = = 			Du Du	A Number in Not Acceptable)	P1 1 # 105	
BUTZ CRIS	BUTZ, CRISTINA 82 Street Addr 22 C			dress (P.O. Box Number is Not acceptation of the strength of t		
1144 F NF	WPORT CENTER		83			
	BEACH FL 33442		<u> </u>	85	Zip Code	
			84 City	FI 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
				poration submits this statement for the purpose of qhangi	ng its registered	
44 Duressent t	o the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes, th	ne above-named con rized by the corporati	poration submits this statement for the purpose of qhangilion's board of directors. I hereby accept the appointment	as tagistores	
office or re	gistered agent, or both, in the State	of Florida, Such Change was added to the control of	Statutes.	5110	0	
agent. I an	n tamiliar with, and accept the outland			DATE		
	Signature, typed or printed name of registered effer	k and title if applicable. (NOTE: Regis	stered Ageni signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
l	OFFICERS AN	D-DIRECTORS	13.			
12.		DELETE	1.1 TITLE	Butz, Christing immercial	BPY #102	
TITLE	PD	"	12 NAME	Butz, Christina 2200 West commercial Extrader dale, FL.	5 , 5	
NAME	BUTZ, CRISTINA		1.3 STREET ADDRESS	= +1 war date FL 3	33309	
STREET ADDRESS	1144 E NEWPORT CENTER	ì	1.4 CITY-ST-ZIP	tort haples and	hange Addition	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	DELETE	2.1 TITLE	Volume Jou	· ·	
TILE	D		22 NAME	Forthander dale, FL. 3 Vinberg, Joy Ave nue		
NAME	HUYBERS, RICK	Ţ	2.3 STREET ADDRESS	111-NW 172 JANE 10E		
STREET ADDRESS	2700 NW 48 STREET-	· -]	2 4 CITY-ST-ZIP	Deefreld Beach, 72_33443	hange Addition	
CITY-ST-ZIP	POMPANO BEACH FL	M DELETE	3.1 TILE T	Kicklighter, Leilani 303 SE 17 Street 33316	7100 No. 100 No.	
TITLE	TD ·····	Ja Decemb	32 NAME	Kicklighter, Leilan.		
NAME	FIX. CHARLES		3.3 STREET ADDRESS	303 SE 17 Street		
STREET ADDRESS	1632 NW 5 ST.		3.4. CITY-ST-ZIP		Change [] Addition	
CITY-ST-ZIP_	BOCA RATON FL 33486	——————————————————————————————————————			Change	
TITLE		☐ DELETE	4,1 IIILE	Johnson, Sandra Huy 6401 N Federal Huy		
NAME			4.2 NAME	GADI N Federal Huy		
			4.3 STREET ADDRESS	TELL MANNEY TO 33300		
STREET ADDRESS	1			The value view	Change Addition	
CITY-ST-ZIP		DELETE	5.1 TITLE			
πħ.E			5.2 NAME			
NAME	Į.		5.3 STREET ADDRESS		<u>_</u>	
STREET ADDRES	s[5.4 CITY-ST-ZIP		Change Addition	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	Ā		
TITLE			6.2 NAME	H.	المسال	
NAME	1	·	6.3 STREET ADDRESS			
STREET ADDRES	s				had the information	
CETY ST-789			be exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify t	inai ine illiotitation ath: that I am an	

14. Thereby 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 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 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 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 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 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 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 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 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 indicated on this annual report of the corporation of the corporat

RISK AND INSURANCE MANAGENENT SOCIETY FLORIDA BROWARD CHAPTER, INC.

2200 WEST COMMERCIAL BOULEVARD #105 FORT LAUDERDALE, FLORIDA 33309 TEL 954-714-6000x118

September 25, 2000

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

RE: Document #703232

To Whom It May Concern:

This is a request for the division to waive any reinstatement penalties for this corporation. This is due to the fact that there was an error forwarding the mail from your letter dated 07/17/00. Your records indicate the letter was returned to the Division. The corporation makes every attempt to abide by all Federal & State Rules and Regulations. We can assure you that we regret having to ask for penalty removal on this instance. Should there be any questions please contact the undersigned at the information in the top right hand corner.

Very truly yours,

-Christina:Butz_

President