# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 05, 2004 8:00 am**
**Secretary of State**
04-05-2004 90012 003 ****61.25

DOCUMENT # 703232

1. Entity Name
RISK AND INSURANCE MANAGEMENT SOCIETY
FLORIDA BROWARD CHAPTER INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~901 SOUTH STATE RD 7~~<br>~~PLANTATION, FL 33317 US~~ | ~~901 SOUTH STATE RD 7~~<br>~~PLANTATION, FL 33317 US~~ |

03302004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| P.O. BOX 121762 | P.O. BOX 121762 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: PLANTATION, FL | City & State: PLANTATION, FL |
| Zip: 33312 Country: U.S.A | Zip: 33312 Country: U.S.A. |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ~~ADLER, CHRISTINE~~<br>~~901 SOUTH STATE RD 7~~<br>~~PLANTATION, FL 33317~~ | Name: DeBarre, Stephen R.<br>Street Address (P.O. Box Number is Not Acceptable): 11873 N.W. 24 STREET<br>City: CORAL SPRINGS FL Zip Code: 33065 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stephen R. DeBarre — Signature, typed or printed name of registered agent and title if applicable.
Stephen R. DeBarre — (NOTE: Registered Agent signature required when reinstating)
March 31, 2004 — DATE

**Filing Fee is $61.25**
**Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GLASSER, LAWERENCE<br>905 NW 110 TERR.<br>PLANTATION, FL 33324 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br><br>P.O. BOX 121762<br>PLANTATION, FL 33312 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SIELICKI, DAN<br>1316 N. RIO VISTA BLVD.<br>FORT LAUDERDALE, FL 33316 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Guimaraes, ELIZABETH<br>P.O. BOX 121762<br>PLANTATION, FL 33312 | ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ADLER, CHRISTINE<br>901 SOUTH STATE RD 7<br>PLANTATION, FL 33317 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DeBarre, Stephen<br>11873 N.W. 24 ST.<br>CORAL SPRINGS, FL 33065 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ADLER, CHRISTINE<br>901 SOUTH STATE RD 7<br>PLANTATION, FL 33317 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GILSTRAP, Janet<br>P.O. BOX 121762<br>PLANTATION, FL 33312 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Stephen R. DeBarre — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
March 31, 2004 — Date
Daytime Phone #