2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 703232

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

Current Principal Place of Business:

13792 NW 16 STREET
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 450460
SUNRISE, FL 33345 US

New Mailing Address:

FEI Number: 59-1995593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUIMARAES, ELIZABETH
13792 NW 16 STREET
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

GRACIE, MICHAEL
9682 RIDGECREST CT.
DAVIE, FL 33328 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: MICHAEL GRACIE 03/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GUIMARAES, ELIZABETH
Address: P.O. BOX 450460
City-St-Zip: SUNRISE, FL 33345 US

Title: TD ( ) Delete
Name: GUIMARAES, ELIZABETH
Address: P.O. BOX 450460
City-St-Zip: SUNRISE, FL 33345 US

Title: VP ( ) Delete
Name: GLASSER, LAURENCE
Address: P.O. BOX 450460
City-St-Zip: SUNRISE, FL 33345 US

Title: S ( ) Delete
Name: TOMASZEWSKI, PATRICIA
Address: P.O. BOX 450460
City-St-Zip: SUNRISE, FL 33345

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: MINNAKER, LISA
Address: P.O. BOX 450460
City-St-Zip: SUNRISE, FL 33345 US

Title: TD (X) Change ( ) Addition
Name: GRACIE, MICHAEL
Address: P.O. BOX 450460
City-St-Zip: SUNRISE, FL 33345 US

Title: P (X) Change ( ) Addition
Name: GLASSER, LAURENCE
Address: P.O. BOX 450460
City-St-Zip: SUNRISE, FL 33345 US

Title: VP (X) Change ( ) Addition
Name: TOMASZEWSKI, PATRICIA
Address: P.O. BOX 450460
City-St-Zip: SUNRISE, FL 33345

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL GRACIE TD 03/19/2009
Electronic Signature of Signing Officer or Director Date