2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 24, 2012
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:

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

OFFICERS AND DIRECTORS:

Title: VPSD
Name: TRIBBY, SUE
Address: P.O. BOX 450460
City-St-Zip: SUNRISE, FL 33345 US

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

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

Title: TD
Name: LASSAW, DONALD
Address: P.O. BOX 450460
City-St-Zip: SUNRISE, FL 33345

Title: D
Name: SMITH, RONALD
Address: P.O. BOX 450460
City-St-Zip: SUNRISE, FL 33345

Title: D
Name: MINNAKER, LISA
Address: P.O. BOX 450460
City-St-Zip: SUNRISE, FL 33345

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: ELIZABETH GUIMARAES PD 08/24/2012

Electronic Signature of Signing Officer or Director Date