

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000796

1. Entity Name
**THE TAMPA BAY CHAPTER OF THE RISK AND
INSURANCE MANAGEMENT SOCIETY, INC.**



Principal Place of Business
**100 SOUTH ASHLEY DR
SUITE 2150
TAMPA, FL 33602 US**

Mailing Address
**100 SOUTH ASHLEY DR
SUITE 2150
TAMPA, FL 33602 US**



03292006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3625594

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIVYER, NEAL A
100 SOUTH ASHLEY DRIVE
SUITE 2150
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME DELILLO, MARK
STREET ADDRESS 8430 ENTERPRISE CIRCLE #100
CITY-ST-ZIP BRADENTON, FL 34202

TITLE D
NAME MCNABB, MIKE
STREET ADDRESS 720 ZACK STREET
CITY-ST-ZIP TAMPA, FL 33602

TITLE D
NAME BENISHEK, MICHAEL
STREET ADDRESS 503-10TH STREET WEST
CITY-ST-ZIP PALMETTO, FL 34220

TITLE D
NAME PETRUCELLI, LUCY
STREET ADDRESS 2379 BROAD STREET
CITY-ST-ZIP BROOKSVILLE, FL 34609

TITLE D
NAME FERRARO, BARBARA
STREET ADDRESS PO BOX 12749
CITY-ST-ZIP ST PETERSBURG, FL 33732749

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000490724
04/18/06-80068-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. DeLillo

3/30/06

Date

941-554-2043

Daytime Phone #