

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
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



04162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3625594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \$61.25
Due by May 1, 2007**

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 ENTERPIRSE 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	PETRUCCELLI, 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 337332749

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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05/01/07-80017-018 61.25

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 title empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. DeLillo

4/16/07

941-554-2043

Date Daytime Phone #