2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008110

Apr 03, 2012 Secretary of State

Entity Name: CENTRAL FLORIDA CHAPTER OF THE RISK AND INSURANCE MANAGEMENT SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O SUSAN MARTIN 109 E. CHURCH STREET, SUITE 200 ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

1067 DRIFT CREEK COVE ORLANDO, FL 32828

FEI Number: 32-0250129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTIN, SUSAN M 109 E. CHURCH STREET, SUITE 200 ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DEL

Name: BRODERICK, RICHARD Address: 1025 W. NASA BLVD City-St-Zip: MELBOURNE, FL 32919

Title: PRES

Name: MARTIN, SUSAN

Address: 109 E. CHURCH STREET, SUITE 200

City-St-Zip: ORLANDO, FL 32801

Title: SEC

Name: CASTILLO, ALICIA Address: 1000 AAA DRIVE, MS 41 City-St-Zip: HEATHROW, FL 32746

Title: TREA

 Name:
 WEBSTER, SARA

 Address:
 1025 W. NASA BLVD.

 City-St-Zip:
 MELBOURNE, FL 32919

Title: VP

Name: NIELSEN, MARY
Address: 1000 AAA DRIVE, MS 41
City-St-Zip: HEATHROW, FL 32746

Title: DIR

Name: MCCONNELL, KRISTY
Address: 1000 DARDEN CENTER DRIVE
City-St-Zip: ORLANDO, FL 32837

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: SARA WEBSTER TREA 04/03/2012