

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002542

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** GREATER MIAMI CHAPTER, RISK AND INSURANCE MANAGEMENT SOCIETY, INC.

**Current Principal Place of Business:**

4275 SW 152 AVE  
MIRAMAR, FL 330273354 US

**New Principal Place of Business:**

**Current Mailing Address:**

4275 SW 152 AVE  
MIRAMAR, FL 330273354 US

**New Mailing Address:**

**FEI Number:** 65-0467355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ERBS, CAROL A  
4275 SW 152 A VE  
MIRAMAR, FL 330273354 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: VPD ( ) Delete  
Name: CLARK, SCOTT  
Address: 1500 BISCAYNE BLVD. #127B  
City-St-Zip: MIAMI, FL 33132 US

Title: T ( ) Delete  
Name: ERBS, CAROL  
Address: 1500 BISCAYNE BLVD #127B  
City-St-Zip: MIAMI, FL 33132 US

Title: S ( ) Delete  
Name: PANTALEO, ROSANNE  
Address: 1500 BISCAYNE BLVD # 127B  
City-St-Zip: MIAMI, FL 33132

Title: PD ( ) Delete  
Name: FAY, BILL  
Address: 1050 CARIBBEAN WAY  
City-St-Zip: MIAMI, FL 33132 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CLARK, SCOTT B  
Address: 1500 BISCAYNE BLVD. #127B  
City-St-Zip: MIAMI, FL 33132 US

Title: T (X) Change ( ) Addition  
Name: ERBS, CAROL A  
Address: 1500 BISCAYNE BLVD #127B  
City-St-Zip: MIAMI, FL 33132 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: FAY, BILL  
Address: 1050 CARIBBEAN WAY  
City-St-Zip: MIAMI, FL 33132 US

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: CAROL A ERBS

T

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date