2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N99000002542

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

Title: T ( ) Delete
Name: ERBS, CAROL A
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: VPD ( ) Delete
Name: FAY, BILL
Address: 1050 CARIBBEAN WAY
City-St-Zip: MIAMI, FL 33132 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VPD (X) Change ( ) Addition
Name: ROARK, ROBERT
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 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 03/16/2009

Electronic Signature of Signing Officer or Director — Date