## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002544

Name:

Address:

City-St-Zip:

CATAPANO, FRANK

DELAND, FL 32720 US

230 N. WOODLAND BLVD., STE. 250

Entity Name: FLORIDA RIMS CONFERENCE, INC.

FILED Apr 21, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4275 SW 152 AVE MIRAMAR, FL 330273354 US **Current Mailing Address: New Mailing Address:** 4275 SW 152 AVE MIRAMAR, FL 330273354 US FEI Number: 65-0911025 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: ERBS, CAROL A 4275 ŚW 152 AVE MIRAMAR, FL 33027 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete ERBS, CAROL A Name: Name: 4275 SW 152 AVE Address: Address: City-St-Zip: MIRAMAR, FL 330273354 City-St-Zip: Title: DS () Delete Title: () Change () Addition GUIMARAES, ELIZABETH Name: Name: Address: 100 W. ATLANTIC BLVD. Address: City-St-Zip: POMPANO BEACH, FL 33060 US City-St-Zip: Title: DCC () Delete Title: DCC (X) Change ( ) Addition STRASSEL, CHARITY TEMME, KAREN Name: Name: 24301 WALDEN CENTER DRIVE 360 S. COUNTY ROAD Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 US City-St-Zip: PALM BEACH, FL 33480 US Title: DC ( ) Delete Title: DC (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SNYDER, HOLLY

NAPLES, FL 34103 US

3003 TAMIAMI TRAIL NORTH, STE 400

SIGNATURE: CAROL A. ERBS T 04/21/2006