2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002544

Current Principal Place of Business:

Entity Name: FLORIDA RIMS CONFERENCE, INC.

Apr 23, 2007 Secretary of State

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 SW 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:

- Flateria Circulus I Davidoud Acad

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

Title: T () Delete Title: () Change () Addition
Name: ERBS, CAROL A Name:
Address: 4275 SW 152 AVE Address:

 Name:
 ERBS, CAROL A
 Name:

 Address:
 4275 SW 152 AVE
 Address:

 City-St-Zip:
 MIRAMAR, FL 330273354
 City-St-Zip:

Title: DS () Delete Title: DS (X) Change () Addition Name: GUIMARAES, ELIZABETH Name: GUIMARAES, ELIZABETH

Address: 100 W. ATLANTIC BLVD. Address: 3301 COLLEGE AVENUE
City-St-Zip: POMPANO BEACH, FL 33060 US City-St-Zip: FT. LAUDERDALE, FL 33314 US

Title: DCC () Delete Title: DC (X) Change () Addition Name: TEMME, KAREN TEMME, KAREN

Address: 360 S. COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480 US
City-St-Zip: PALM BEACH, FL 33408 US

 $\label{eq:title:DC} {\sf Title:} \qquad {\sf DC} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf DCC} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:SNYDER, HOLLYName:BOWDEN, CHARLESAddress:3003 TAMIAMI TRAIL NORTH, STE 400Address:P. O. BOX 497

City-St-Zip: NAPLES, FL 34103 US City-St-Zip: MULBERRY, FL 34860 US

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.

SIGNATURE: CAROL A. ERBS T 04/23/2007