2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2018
Secretary of State
CC6802086601

DOCUMENT# 703232

Entity Name: RISK AND INSURANCE MANAGEMENT SOCIETY FLORIDA BROWARD CHAPTER INC.

Current Principal Place of Business:

13792 NW 16 STREET
PEMBROKE PINES, FL 33028

Current Mailing Address:

P.O. BOX 22568
FT. LAUDERDALE, FL 33335-2256 US

FEI Number: 59-1995593

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUIMARAES, ELIZABETH
13792 NW 16 STREET
PEMBROKE PINES, FL 33028 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

Officer/Director Detail :

Title	VPD
Name	TRIBBY, SUE
Address	P.O. BOX 22568
City-State-Zip:	FT. LAUDERDALE FL 33335-2568

Title	DELD
Name	GUIMARAES, ELIZABETH
Address	P.O. BOX 22568
City-State-Zip:	FT. LAUDERDALE FL 33335-2568

Title	PD
Name	GLASSER, LAURENCE
Address	P.O. BOX 22568
City-State-Zip:	FT. LAUDERDALE FL 33335-2568

Title	D
Name	MINNAKER, LISA
Address	P.O. BOX 22568
City-State-Zip:	FT. LAUDERDALE FL 33335-2568

Title	TD
Name	DE LA GUERRA, CARLOS
Address	P.O.BOX 22568
City-State-Zip:	FT. LAUDERDALE FL 33335-2568

Title	SD
Name	NIELSEN, STACEY
Address	P.O. BOX 22568
City-State-Zip:	FT. LAUDERDALE FL 33335-2568

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: ELIZABETH GUIMARAES DELD 02/11/2018

Electronic Signature of Signing Officer/Director Detail — Date