

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 GLASSER, LAURENCE
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 PD
Name GUIMARAES, ELIZABETH
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 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

PRESIDENT

04/03/2017

Electronic Signature of Signing Officer/Director Detail

Date