

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001630

Entity Name: SOCIETY FOR INFORMATION MANAGEMENT, SOUTH FLORIDA CHAPTER, INC.**FILED**
Jan 08, 2015
Secretary of State
CC8575255196**Current Principal Place of Business:**ATTN: JAMES OSTEEN
100 S BISCAYNE BLVD, SUITE 915
MIAMI, FL 33131**Current Mailing Address:**ATTN: JAMES OSTEEN
100 S BISCAYNE BLVD, SUITE 915
MIAMI, FL 33131**FEI Number: 27-0142215****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CALAS GROUP
2000 PONCE DE LEON BLVD
6TH FLOOR
CORAL GABLES, FL 33146 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 D
Name ZELMAN, JACQUELINE M
Address 3536 SAINT GAUDENS RD
City-State-Zip: MIAMI FL 33133Title T
Name GEORGE, BRIAN A
Address 4452 SW 13TH TERRACE
City-State-Zip: CORAL GABLES FL 33134Title P
Name OSTEEN, JAMES EJ
Address 8240 SW 89 AVE
City-State-Zip: MIAMI FL 33173Title VP
Name HOWARD, TERY
Address 7800 SW 30 ST
City-State-Zip: FORT LAUDERDALE FL 33314Title D
Name BUZA, ELAINE C
Address 12711 SW 119 AVE
City-State-Zip: MIAMI FL 33186Title D
Name DELLA-PIETRA, DIANE
Address 11922 SW 47 ST
City-State-Zip: COOPER CITY FL 33330

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: BRIAN GEORGE**TREASURER****01/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date