2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2014
Secretary of State
CC3121409531

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Entity Name: RISK MANAGEMENT ASSOCIATES CENTRAL FLORIDA CHAPTER CORP

Current Principal Place of Business:

SUNTRUST BANK - WILLIAM COCKE
200 SOUTH ORANGE AVENUE, SOAB 6 MAIL CODE: FL-ORLANDO-2063
ORLANDO, FL 32801

Current Mailing Address:

SUNTRUST BANK - WILLIAM COCKE
200 SOUTH ORANGE AVENUE, SOAB 6 MAIL CODE: FL-ORLANDO-2063
ORLANDO, FL 32801 US

FEI Number: 45-3012633

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COCKE, WILLIAM
SUNTRUST BANK - WILLIAM COCKE
200 SOUTH ORANGE AVENUE, SOAB 6 MAIL CODE: FL-ORLANDO-2063
ORLANDO, FL 32801 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: WILLIAM COCKE 03/02/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	DONELSON, RAI L
Address	FLORIDA BUSINESS DEVELOPMENT CORP 5950 HAZELTINE NATIONAL DRIVE, STE 625
City-State-Zip:	ORLANDO FL 32822

Title	TREASURER, VP
Name	COCKE, WILLIAM
Address	SUNTRUST BANK - WILLIAM COCKE 200 SOUTH ORANGE AVENUE, SOAB 6 MAIL CODE: FL-ORLANDO-2063
City-State-Zip:	ORLANDO FL 32801

Title	PRESIDENT
Name	SNOOK, CHRIS
Address	FLORIDA COMMUNITY BANK - CHRIS SNOOK 369 N. NEW YORK AVE
City-State-Zip:	WINTER PARK FL 32789

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: WILLIAM COCKE TREASURER, VP 03/02/2014

Electronic Signature of Signing Officer/Director Detail — Date