

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005277

Entity Name: RISK MANAGEMENT ASSOCIATES CENTRAL FLORIDA
CHAPTER CORP**FILED**
Mar 31, 2013
Secretary of State
CC2751005298**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**03/31/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MCEVOY, PATRICK J JR.
Address FIDELITY BANK - PATRICK MCEVOY
1380 NORTH COURTENAY PARKWAY
City-State-Zip: MERRITT ISLAND FL 32953

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 DIRECTOR
Name TREMBLAY, CINDY
Address 171 N. TRIPLET LAKE DRIVE
City-State-Zip: CASSELBERRY FL 32707

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

Title PRESIDENT
Name CLARK, KEVIN A
Address SUNTRUST BANK - KEVIN CLARK
7455 CHANCELLOR DRIVE MAIL
CODE: FL-ORLANDO-9212
City-State-Zip: ORLANDO FL 32809

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****03/31/2013**

Electronic Signature of Signing Officer/Director Detail

Date