

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005277

Entity Name: RISK MANAGEMENT ASSOCIATES CENTRAL FLORIDA
CHAPTER CORP**FILED**
Jan 08, 2019
Secretary of State
1529657297CC**Current Principal Place of Business:**BB&T - PHILIP HALE
255 S ORANGE AVE FL 10
ORLANDO, FL 32801-3445**Current Mailing Address:**BB&T - PHILIP HALE
255 S ORANGE AVE FL 10
ORLANDO, FL 32801-3445 US**FEI Number:** 45-3012633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HALE, PHILIP
BB&T - PHILIP HALE
255 S ORANGE AVE FL 10
ORLANDO, FL 32801-3445 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:** PHILIP HALE**01/08/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	DONELSON, RAI L
Address	FLORIDA BUSINESS DEVELOPMENT CORP 5950 HAZELTINE NATIONAL DRIVE SUITE 625
City-State-Zip:	ORLANDO FL 32822
Title	PRESIDENT
Name	CRIBBS, VICKI S.
Address	CENTER STATE BANK 20 N ORANGE AVE SUITE 1303
City-State-Zip:	ORLANDO FL 32801

Title	TREASURER
Name	HALE, PHILIP
Address	BB&T - PHILIP HALE 2301 LUCIEN DR SUITE 395
City-State-Zip:	MAITLAND FL 32751
Title	VP
Name	SMITH, JASON
Address	VALLEY NATIONAL BANK 450 S ORANGE AVE SUITE 400
City-State-Zip:	ORLANDO FL 32801

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: PHILIP HALE**TREASURER****01/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date