

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# N00000001282

Entity Name: NORTHEAST FLORIDA CHAPTER OF THE RISK AND INSURANCE MANAGEMENT SOCIETY, INC.

Current Principal Place of Business:

C/O B. ROBERTS
100 BELL TEL WAY, STE. 300
JACKSONVILLE, FL 32216

New Principal Place of Business:

C/O JOHN WARD, ST JOE COMPANY
245 RIVERSIDE AVENUE, SUITE 500
JACKSONVILLE, FL 32202

Current Mailing Address:

C/O B. ROBERTS
100 BELL TEL WAY, STE. 300
JACKSONVILLE, FL 32216

New Mailing Address:

C/O JOHN WARD, ST. JOE COMPANY
245 RIVERSIDE AVENUE, SUITE 500
JACKSONVILLE, FL 32202

FEI Number: 59-1907598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARKEY, WILLIAM JR.
Address: 50 W. LAURA ST., STE. 1900
City-St-Zip: JACKSONVILLE, FL 32202

Title: TD () Delete
Name: THOMAS, GARY
Address: 301 W. BAY ST., 28TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD () Delete
Name: ROBERTS, BECKY
Address: 100 BELL TEL WAY, STE. 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHN, WARD
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP (X) Change () Addition
Name: THOMAS, GARY
Address: 301 W. BAY ST., 28TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: PPD (X) Change () Addition
Name: ROBERTS, BECKY
Address: 100 BELL TEL WAY, STE. 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: TR () Change (X) Addition
Name: ROMEO, KIM
Address: 5050 EDGEWOOD COURT
City-St-Zip: JACKSONVILLE, FL 32254

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN B. WARD

PRES

01/14/2005

Electronic Signature of Signing Officer or Director

Date