

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001282

FILED  
Apr 28, 2006  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

C/O SHARON ABRAHAM, ACOSTA SALES  
6600 CORPORATE CENTER PARKWAY  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

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

**New Mailing Address:**

C/O SHARON ABRAHAM, ACOSTA SALES  
6600 CORPORATE CENTER PARKWAY  
JACKSONVILLE, FL 32216

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: JOHN, WARD  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SHARON, ABRAHAM  
Address: 6600 CORPORATE CENTER PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SHARON ABRAHAM

PD

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date