


FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90033 030 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001282			
1. Entity Name NORTHEAST FLORIDA CHAPTER OF THE RISK AND INSURANCE MANAGEMENT SOCIETY, INC.			
Principal Place of Business C/O SHARON ABRAHAM, ACOSTA SALES 6600 CORPORATE CENTER PARKWAY JACKSONVILLE, FL 32216		Mailing Address C/O SHARON ABRAHAM, ACOSTA SALES 6600 CORPORATE CENTER PARKWAY JACKSONVILLE, FL 32216	
2. Principal Place of Business - No P.O. Box # c/o Deborah Tauro, CSX Suite, Apt. #, etc. 500 Water St - C907 City & State Jacksonville, FL Zip 32202 Country U.S.A.		3. Mailing Address c/o Deborah Tauro, CSX Suite, Apt. #, etc. 500 Water St - C907 City & State Jacksonville, FL Zip 32202 Country U.S.A.	
4. FEI Number 59-1907598		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARON, ABRAHAM 6600 CORPORATE CENTER PARKWAY JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Deborah Tauro c/o CST Corporation 500 Water St - C907 Jacksonville, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, GARY 301 W. BAY ST., 28TH FLOOR JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gary Thomas, c/o Winn-Dixie Stores 5050 Edgewood Court Jacksonville, FL 32254 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD ROBERTS, BECKY 100 BELL TEL WAY, STE. 300 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nicole Birdier c/o Landstar System, Inc 13410 Sutton Park Drive S. Jacksonville, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR TAURO, DEBORAH 500 WATER STREET - C907 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Laurie Lake c/o Crowley Maritime 9487 Bryony Ln Blvd Jacksonville, FL 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Deborah A. Tauro, President</u>		Date: <u>2/15/08</u> Daytime Phone #: <u>904-366-5088</u>	
Deborah A. Tauro, President			

40044550



01292008 Chg-NP CR2E037 (12/06)