

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 03, 2009  
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 DEBORAH TAURO, CSX  
500 WATER ST C 907  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

C/O DEBORAH TAURO, CSX  
500 WATER STREET C904  
JACKSONVILLE, FL 32205

## Current Mailing Address:

C/O DEBORAH TAURO, CSX  
500 WATER ST C 907  
JACKSONVILLE, FL 32202

## New Mailing Address:

DEBORAH TAURO  
1121 PANGOLA DRIVE  
JACKSONVILLE, FL 32205

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: TAURO, DEBORAH  
Address: 500 WATER ST C907  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP ( ) Delete  
Name: THOMAS, GARY  
Address: 5050 EDGEWOOD COURT  
City-St-Zip: JACKSONVILLE, FL 32254

Title: SD ( ) Delete  
Name: BRIDIER, NICOLE  
Address: 13410 SUTTON PARK DRIVE S  
City-St-Zip: JACKSONVILLE, FL 32202

Title: TD ( ) Delete  
Name: LUKE, LAURIE  
Address: 9487 RIDGEWAY  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition  
Name: PIERCE, EDWIN  
Address: 4800 DEERWOOD CAMPUS PKWY-DC1-7  
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD (X) Change ( ) Addition  
Name: BRYAN, HUTCHINSON  
Address: 13410 SUTTON PARK DRIVE S  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH A. TAURO

PD

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date