2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001282

FILED Mar 17, 2010 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

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

C/O EDWIN PIERCE, BCBSFL 4800 DEERWOOD CAMPUS PKWY. DC1-7

JACKSONVILLE, FL 32246

Current Mailing Address:

New Mailing Address:

DEBORAH TAURO 1121 PANGOLA DRIVE JACKSONVILLE, FL 32205 C/O EDWIN PIERCE, BCBSFL 4800 DEERWOOD CAMPUS PKWY. DC1-7

JACKSONVILLE, FL 32246

FEI Number: 59-1907598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

PIERCE, EDWIN D Name:

Address: 4800 DEERWOOD CAMPUS PKWY. DC1-7

City-St-Zip: JACKSONVILLE, FL 32246

Title:

Name: GOFOURTH, ROBERT

Address: 6676 CORPORATE CENTER PKWY

City-St-Zip: JACKSONVILLE, FL 32216

Title: SD

FORD, DAVID Name: Address: 1701 PRUDENTIAL DR City-St-Zip:

JACKSONVILLE, FL 32207

Title: TD

BRYAN, HUTCHINSON Name:

Address: 13410 SUTTON PARK DRIVE S City-St-Zip: JACKSONVILLE, FL 32202

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: EDWIN D PIERCE **PRES** 03/17/2010