

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001282

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

FILED
Jan 21, 2019
Secretary of State
9999644413CC

Current Principal Place of Business:

C/O ANN WILLIS
117 W. DUVAL STREET, STE. 335
JACKSONVILLE, FL 32202

Current Mailing Address:

P.O. BOX 23274
JACKSONVILLE, FL 32257 US

FEI Number: 59-1907598

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title PRESIDENT
Name WILLIS, ANN
Address 117 W. DUVAL STREET,
 STE. 335
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name MCMILLAN, VANESSA
Address 111 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name WRIGHT, ZACH
Address 111 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER
Name FORD, CECILIA
Address VYSTAR CREDIT UNION
 214 N. HOGAN STREET
City-State-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: VANESSA MCMILLAN

VICE PRESIDENT

01/21/2019

Electronic Signature of Signing Officer/Director Detail

Date