

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 10, 2016
Secretary of State
CC9071835727

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

Current Principal Place of Business:

C/O CECILIA FORD
4949 BLANDING BLVD.
JACKSONVILLE, FL 32210

Current Mailing Address:

P.O. BOX 56017
JACKSONVILLE, FL 32257

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 PD
Name FORD, CECILIA
Address VYSTAR CREDIT UNION
4949 BLANDING BLVD.
City-State-Zip: JACKSONVILLE FL 32210

Title VP
Name CONOLY, JAMES
Address FLORIDA BLUE
4800 DEERWOOD CAMPUS PKWY.
DCC 107
City-State-Zip: JACKSONVILLE FL 32246

Title SD
Name HUGHART, ANTHONY
Address TOTE MARITIME PUERTO RICO
10550 DEERWOOD PARK BLVD.
SUITE 509
City-State-Zip: JACKSONVILLE FL 32256

Title TD
Name PHELPS, JOHN
Address FLORIDA BLUE
4800 DEERWOOD CAMPUS PKWY
DCC 107
City-State-Zip: JACKSONVILLE FL 32246

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: JOHN PHELPS

TREASURER

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date