

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001282

**FILED**  
**Apr 15, 2024**  
**Secretary of State**  
**7934310735CC**

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

**Current Principal Place of Business:**

C/O THOMAS GLAVIN  
9540 SAN JOSE BLVD  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

P.O. BOX 57073  
JACKSONVILLE, FL 32241 US

**FEI Number: 59-3635840**

**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           VP  
Name           WRIGHT, ZACH  
Address        111 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32202

Title           PRESIDENT  
Name           TAURO, DEBORAH  
Address        1121 PANGOLA DR  
City-State-Zip: JACKSONVILLE FL 32205

Title           TREASURER  
Name           GLAVIN, THOMAS M  
Address        9540 SAN JOSE BLVD  
City-State-Zip: JACKSONVILLE FL 32257

Title           CHAPTER DELEGATE  
Name           FLYNN, TRACY  
Address        117 W DUVAL ST  
                  ST JAMES BLDG SUITE # 335  
City-State-Zip: JACKSONVILLE FL 32202

Title           SECRETARY  
Name           STANCLIFF, JOSHUA  
Address        1 RAYONIER WAY  
City-State-Zip: WILDLIGHT FL 32097

Title           DIRECTOR OF MEMBERSHIP  
Name           LEMMON, MARY KATHERINE  
Address        111 RIVERSIDE AVE  
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: THOMAS GLAVIN**

**TRESURER**

**04/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date