

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