

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001282

**FILED**  
**Feb 12, 2018**  
**Secretary of State**  
**CC0069073249**

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

**Current Principal Place of Business:**

C/O TWANE DUCKWORTH  
117 W. DUVAL STREET, STE. 335  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

P.O. BOX 56017  
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            DUCKWORTH, TWANE  
Address        117 W. DUVAL STREET,  
                  STE. 335  
City-State-Zip: JACKSONVILLE FL 32202

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

Title            SECRETARY  
Name            HAINES, JULIE  
Address        9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

Title            TREASURER  
Name            MCMILLAN, VANESSA  
Address        THE HASKELL COMPANY  
                  111 RIVERSIDE AVENUE  
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 L. MCMILLAN**

**TREASURER**

**02/12/2018**

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

\_\_\_\_\_  
Date