

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001282

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC7095487193**

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

**Current Principal Place of Business:**

C/O MARK RICHMOND  
7411 FULLERTON STREET SUITE 300  
JACKSONVILLE, FL 32256

**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 RICHMOND, MARK  
Address FLORIDA EAST COAST RAILWAY  
7411 FULLERTON STREET SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name FORD, CICI  
Address CITY OF JACKSONVILLE  
117 WEST DUVAL STREET SUITE 335  
City-State-Zip: JACKSONVILLE FL 32202

Title SD  
Name ORELLANA, JULIA  
Address ADECCO GROUP NORTH AM.  
10151 DEERWOOD PARK BLVD  
BUILDING 200, SUITE 103  
City-State-Zip: JACKSONVILLE FL 32256

Title TD  
Name PHELPS, JOHN  
Address FLORIDA BLUE CROSS BLUE SHIELD  
4800 DEERWOOD CAMPUS PKWY  
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: MARK RICHMOND**

**PRESIDENT**

**01/14/2015**

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

\_\_\_\_\_  
Date