

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 07, 2013
Secretary of State
CC0521944301

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

Current Principal Place of Business:

C/O ROBERT GOFOURTH
3224 GLENDYNE DR. E.
JACKSONVILLE, FL 32216

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 GOFOURTH, ROBERT
Address 3224 GLENDYNE DR. E.
City-State-Zip: JACKSONVILLE FL 32216

Title VP
Name FORD, DAVID
Address 1701 PRUDENTIAL DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title SD
Name RICHMOND, MARK
Address 7411 FULLERTON STREET, STE 100
City-State-Zip: JACKSONVILLE FL 32256

Title TD
Name TAURO, DEBORAH A
Address 1 INDEPENDENT DR., STE 114
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: DEBORAH A. TAURO

TREASURER

03/07/2013

Electronic Signature of Signing Officer/Director Detail

Date