

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001282

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

**FILED**  
**Jan 05, 2022**  
**Secretary of State**  
**4860264177CC**

**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 SECRETARY  
Name GUTH, TYLER L.  
Address 4401 WORTH DR E  
City-State-Zip: JACKSONVILLE FL 32207

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

Title PRESIDENT  
Name TAURO, DEBORAH  
Address 11625 OLD ST. AUGUSTINE ROAD  
City-State-Zip: JACKSONVILLE FL 32258

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

*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**

**TREASURER**

**01/05/2022**

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

\_\_\_\_\_  
Date