

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001282

**FILED
Jun 29, 2020
Secretary of State
3597528715CC**

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

Current Principal Place of Business:

C/O VANESSA MCMILLIAN
111 RIVERSIDE AVENUE
JACKSONVILLE, FL 32202

Current Mailing Address:

P.O. BOX 24505
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 PRESIDENT
Name MCMILLIAN, VANESSA L.
Address 111 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name FORD, CECILIA L.
Address C/O 76 SOUTH LAURA ST.
ERM - 3 FLOOR
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name WRIGHT, ZACH
Address 111 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER
Name GALVIN, THOMAS M
Address 9540 SAN JOSE BLVD
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: CECILIA FORD

VICE PRESIDENT

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date