

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 03, 2014
Secretary of State
CC1399277566

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

Current Principal Place of Business:

C/O DAVID FORD
1701 PRUDENTIAL DRIVE
JACKSONVILLE, FL 32207

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

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

Title SD
Name JENKINS, BRANDIE
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202

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

03/03/2014

Electronic Signature of Signing Officer/Director Detail

Date