

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001282

**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