

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001282

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

FILED
Feb 03, 2017
Secretary of State
CC9691815455

Current Principal Place of Business:

C/O TWANE DUCKWORTH
117 W. DUVAL STREET, STE. 335
JACKSONVILLE, FL 32202

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 PRESIDENT
Name DUCKWORTH, TWANE
Address 117 W. DUVAL STREET,
 STE. 335
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name WILLIS, ANN
Address 117 W. DUVAL STREET,
 STE. 335
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name HESTER, CHAKA S.
Address 10151 DEERWOOD PARK BLVD.,
 BLDG 200
 SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title TD
Name PHELPS, JOHN
Address FLORIDA BLUE
 4800 DEERWOOD CAMPUS PKWY
 DCC 107
City-State-Zip: JACKSONVILLE FL 32246

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: JOHN R. PHELPS

TREASURER

02/03/2017

Electronic Signature of Signing Officer/Director Detail

Date