## 2021  FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001282

**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 | Title | VP |
|---|---|---|---|
| Name | MCMILLIAN, VANESSA L. | Name | FORD, CECILIA L. |
| Address | 111 RIVERSIDE AVENUE | Address | C/O 76 SOUTH LAURA ST. ERM - 3 FLOOR |
| City-State-Zip: | JACKSONVILLE FL  32202 | City-State-Zip: | JACKSONVILLE  FL  32202 |
| Title | SECRETARY | Title | TREASURER |
| Name | TAURO, DEBORAH | Name | GLAVIN, THOMAS  M |
| Address | 11625 OLD ST. AUGUSTINE ROAD | Address | 9540 SAN JOSE BLVD |
| City-State-Zip: | JACKSONVILLE FL  32258 | 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                    02/05/2021

Electronic Signature of Signing Officer/Director Detail                              Date