

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008109

FILED
Feb 12, 2020
Secretary of State
7935144496CC

Entity Name: SOUTHWEST FLORIDA CHAPTER OF THE RISK AND INSURNACE MANAGEMENT SOCIETY, INC.

Current Principal Place of Business:

815 NICHOLAS PARKWAY EAST
C/O CINDY LEROY
CAPE CORAL, FL 33990

Current Mailing Address:

PO BOX 110434
NAPLES, FL 34108 US

FEI Number: 65-1125939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEROY, CINDY
815 NICHOLAS PARKWAY EAST
CAPE CORAL, FL 33990 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: CINDY LEROY

02/12/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name DANIELS, MARY
Address PO BOX 110434
City-State-Zip: NAPLES FL 34108

Title PRES
Name LEROY, CINDY
Address 815 NICHOLAS PARKWAY EAST
City-State-Zip: CAPE CORAL FL 33990

Title TREASURER
Name ROTH, JAY
Address PO BOX 110434
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name WEGER, ALICE
Address PO BOX 110434
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name BOSWELL, TONI
Address PO BOX 110434
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name KRONENBERGER, AMBER
Address PO BOX 110434
City-State-Zip: NAPLES FL 34108

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: JAY ROTH

TREASURER

02/12/2020

Electronic Signature of Signing Officer/Director Detail

Date