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

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

5925 BERMUDA LANE C/O MARY DANIELS NAPLES, FL 34119

Current Mailing Address:

DOCUMENT# N0000008109

PO BOX 110434 NAPLES, FL 34108 US

FEI Number: 65-1125939

Name and Address of Current Registered Agent:

LEROY, CINDY 5925 BERMUDA LANE C/O MARY DANIELS NAPLES, FL 34119 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			02/04/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP	Title	PRES	
Name	DANIELS, MARY	Name	LEROY, CINDY	
Address	PO BOX 110434	Address	PO BOX 110434	
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108	
	TREASURER ROTH, JAY	Title Name	DIRECTOR WEGER, ALICE	
Address	PO BOX 110434	Address	PO BOX 110434	
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108	
Name Address	DIRECTOR SHONEWOLF, JOSEPH PO BOX 110434 NAPLES FL 34108	Title Name Address City-State-Zip:	DIRECTOR KRONENBERGER, AMBER PO BOX 110434 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

DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

Date