

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008109

Entity Name: SOUTHWEST FLORIDA CHAPTER OF THE RISK AND
INSURANCE MANAGEMENT SOCIETY, INC.**FILED**
Feb 04, 2021
Secretary of State
3838688956CC**Current Principal Place of Business:**5925 BERMUDA LANE
C/O MARY DANIELS
NAPLES, FL 34119**Current Mailing Address:**PO BOX 110434
NAPLES, FL 34108 US**FEI Number: 65-1125939****Certificate of Status Desired: Yes****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
Name DANIELS, MARY
Address PO BOX 110434
City-State-Zip: NAPLES FL 34108Title PRES
Name LEROY, CINDY
Address PO BOX 110434
City-State-Zip: NAPLES FL 34108Title TREASURER
Name ROTH, JAY
Address PO BOX 110434
City-State-Zip: NAPLES FL 34108Title DIRECTOR
Name WEGER, ALICE
Address PO BOX 110434
City-State-Zip: NAPLES FL 34108Title DIRECTOR
Name SHONEWOLF, JOSEPH
Address PO BOX 110434
City-State-Zip: NAPLES FL 34108Title 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**DIRECTOR****02/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date