

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008109

FILED
Jan 15, 2014
Secretary of State
CC5996846714

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

Current Principal Place of Business:

LCEC
4980 BAYLINE DRIVE
NORTH FT MYERS, FL 33917

Current Mailing Address:

LCEC ATTN: WAYNE FIYALKO
P O BOX 3455
NORTH FT MYERS, FL 33918 US

FEI Number: 65-1125939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIYALKO, WAYNE
LCEC ATTN: WAYNE FIYALKO
4980 BAYLINE DRIVE
NORTH FT MYERS, FL 33917 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: WAYNE FIYALKO 01/15/2014
Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title VP
Name MARY, DANIELS
Address 5925 BERMUDA LANE
City-State-Zip: NAPLES FL 34119

Title PRES
Name FIYALKO, WAYNE
Address LCEC, POST OFFICE 3455
City-State-Zip: NORTH FORT MYERS FL 33918

Title T
Name PAVLICK, CHERYL
Address COLLIER ENT., 2550 GOODLETTE RD
N; STE 100
City-State-Zip: NAPLES FL 34103

Title VP
Name CUMMINGS-BECK, GILLIAN
Address CHICOS, METRO PARKWAY
City-State-Zip: FT. MYERS FL 32966

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: WAYNE FIYALKO PRES 01/15/2014
Electronic Signature of Signing Officer/Director Detail Date