

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008109

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

**FILED**  
**Mar 18, 2016**  
**Secretary of State**  
**CC2140487380**

**Current Principal Place of Business:**

18101 TRAVERSE DRIVE  
ALVA, FL 33920

**Current Mailing Address:**

18101 TRAVERSE DRIVE  
ALVA, FL 33920 US

**FEI Number: 65-1125939**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CUMMINGS-BECK, GILLIAN  
18101 TRAVERSE DRIVE  
ALVA, FL 33920 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:** GILLIAN CUMMINGS-BECK

03/18/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	PRES
Name	MARY, DANIELS	Name	ELLEN, NICHOLS
Address	5925 BERMUDA LANE	Address	11000 TERMINAL ACCESS RD #8671
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	FORT MYERS FL 33913
Title	T		
Name	CUMMINGS-BECK, GILLIAN		
Address	3040 OASIS GRAND BLVD #1408		
City-State-Zip:	FORT MYERS FL 33916		

*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:** GILLIAN CUMMINGS-BECK

**TREASURER**

03/18/2016

Electronic Signature of Signing Officer/Director Detail

Date