

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003941

**Entity Name:** JACKSONVILLE CHAPTER OF THE INTERNATIONAL FACILITY  
MANAGEMENT ASSOCIATION, INC.**FILED**  
**Apr 20, 2024**  
**Secretary of State**  
**2545195941CC****Current Principal Place of Business:**800 GESSNER RD  
STE 900  
HOUSTON, TX 77024**Current Mailing Address:**800 GESSNER RD  
STE 900  
HOUSTON, TX 77024 US**FEI Number: 59-3134593****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	SCHRODER, MICHAEL K.
Address	3 FLOOR 5022 GATE PKWY JACKSONVILLE
City-State-Zip:	JACKSONVILLE FL 32256
Title	SECRETARY
Name	RUSSO, MEGAN NOEL
Address	16 SANDRA DR
City-State-Zip:	JACKSONVILLE BEACH FL 32250
Title	DIRECTOR
Name	ROGERS, JO
Address	SUITE 3 9454 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	HICKS, DANIEL W
Address	4949 BLANDING BLVD
City-State-Zip:	JACKSONVILLE FL 32210
Title	TREASURER
Name	HARPER, KENDELL
Address	6651 GATE PARKWAY,
City-State-Zip:	JACKSONVILLE FL 32256
Title	DIRECTOR
Name	RESSLER, MARY
Address	800 GESSNER STE 900
City-State-Zip:	HOUSTON TX 77024

*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: MARY RESSLER****DIRECTOR****04/20/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date