

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003941

**FILED  
Apr 21, 2022  
Secretary of State  
0258901071CC**

**Entity Name:** JACKSONVILLE CHAPTER OF THE INTERNATIONAL FACILITY  
MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

800 GESSNER  
STE 900  
HOUSTON, TX 77024

**Current Mailing Address:**

800 GESSNER  
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            VP  
Name            HICKS, DANIEL W  
Address        4949 BLANDING BLVD  
City-State-Zip: JACKSONVILLE FL 32210

Title            SECRETARY  
Name            RUSSO, MEGAN NOEL  
Address        16 SANDRA DR  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            TREASURER  
Name            HARPER, KENDELL  
Address        4345 SOUTHPOINT BLVD,  
City-State-Zip: JACKSONVILLE FL 32216

Title            DIRECTOR  
Name            ROGERS, JO  
Address        SUITE 3 9454 PHILIPS HIGHWAY  
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**

**AUTHORIZED PERSON**

**04/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date