

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001282

FILED
Feb 09, 2011
Secretary of State

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

Current Principal Place of Business:

C/O EDWIN PIERCE, BCBSFL
4800 DEERWOOD CAMPUS PKWY. DC1-7
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

C/O EDWIN PIERCE, BCBSFL
4800 DEERWOOD CAMPUS PKWY. DC1-7
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-1907598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: PIERCE, EDWIN D
Address: 4800 DEERWOOD CAMPUS PKWY. DC1-7
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP
Name: GOFORTH, ROBERT
Address: 3224 GLENDYNE DR. E.
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD
Name: FORD, DAVID
Address: 1701 PRUDENTIAL DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD
Name: BRYAN, HUTCHINSON
Address: 13410 SUTTON PARK DRIVE S
City-St-Zip: JACKSONVILLE, FL 32202

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: EDWIN D PIERCE

PD

02/09/2011

Electronic Signature of Signing Officer or Director

Date