

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000644

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC3838613121**

**Entity Name:** ARMA INTERNATIONAL JACKSONVILLE CHAPTER, INC.

**Current Principal Place of Business:**

637 N LEE ST  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

637 N LEE ST  
JACKSONVILLE, FL 32204 US

**FEI Number: 48-0993527**

**Certificate of Status Desired: No**

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

RADER, MICHELLE LTREASUR  
637 N LEE ST  
JACKSONVILLE, FL 32204 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 CHAIRMAN  
Name STRICKLAND, RILEY  
Address IRON MOUNTAIN  
City-State-Zip: JACKSONVILLE FL 32254

Title SECRETARY  
Name LAROCHELLE, CAROLE  
Address TPC -PGA TOUR  
City-State-Zip: JACKSONVILLE FL 32203

Title TREASURER  
Name RADER, MICHELLE L  
Address COMMUNITY FIRST CU - 637 N LEE ST  
City-State-Zip: JACKSONVILLE FL 32204

Title MEMBERSHIP DIRECTOR  
Name MANNING, AARON  
Address DATASAVERS  
City-State-Zip: JACKSONVILLE FL 32254

Title VP, PRESIDENT  
Name LOMBARDI, MICHAEL  
Address DATA SAVERS  
City-State-Zip: JACKSONVILLE FL 32256

Title MEDIA DIRECTOR  
Name COURSEN, GENA  
Address BLACK KNIGHT FINANCIAL SERVICES  
City-State-Zip: JACKSONVILLE FL

*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: MICHELLE L RADER**

**TREASURER**

**04/16/2015**

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

\_\_\_\_\_  
Date