

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008109

Entity Name: SOUTHWEST FLORIDA CHAPTER OF THE RISK AND
INSURANCE MANAGEMENT SOCIETY, INC.**FILED**
Feb 12, 2020
Secretary of State
7935144496CC**Current Principal Place of Business:**815 NICHOLAS PARKWAY EAST
C/O CINDY LEROY
CAPE CORAL, FL 33990**Current Mailing Address:**PO BOX 110434
NAPLES, FL 34108 US**FEI Number: 65-1125939****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LEROY, CINDY
815 NICHOLAS PARKWAY EAST
CAPE CORAL, FL 33990 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: CINDY LEROY****02/12/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	DANIELS, MARY
Address	PO BOX 110434
City-State-Zip:	NAPLES FL 34108

Title	PRES
Name	LEROY, CINDY
Address	815 NICHOLAS PARKWAY EAST
City-State-Zip:	CAPE CORAL FL 33990

Title	TREASURER
Name	ROTH, JAY
Address	PO BOX 110434
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR
Name	WEGER, ALICE
Address	PO BOX 110434
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR
Name	BOSWELL, TONI
Address	PO BOX 110434
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR
Name	KRONENBERGER, AMBER
Address	PO BOX 110434
City-State-Zip:	NAPLES FL 34108

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: JAY ROTH**TREASURER****02/12/2020**

Electronic Signature of Signing Officer/Director Detail

Date