

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705052

FILED
Jan 14, 2009
Secretary of State

Entity Name: NORTH FLORIDA HOTEL & LODGING ASSOCIATION, INC.

Current Principal Place of Business:

550 WATER STREET
SUITE 1000
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

550 WATER STREET
SUITE 1000
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-1843742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUEBLOOD, NICOLE
550 WATER ST STE 1000
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

TRUEBLOOD, NICOLE ADMIN
550 WATER ST
SUITE 1000
JACKSONVILLE, FL 32202 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: NICOLE A TRUEBLOOD 01/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TRUEBLOOD, NICOLE
Address: 550 WATER ST STE 1000
City-St-Zip: JACKSONVILLE, FL 32202

Title: DP () Delete
Name: TUFANO, PHIL
Address: 225 EAST COASTLINE DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: P () Delete
Name: STUCKEY, SCOTT
Address: 245 WATER ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: T () Delete
Name: BHIKHA, SONNY
Address: 11 NORTH FIRST STREET
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TRUEBLOOD, NICOLE ADMIN
Address: 550 WATER ST STE 1000
City-St-Zip: JACKSONVILLE, FL 32202

Title: P (X) Change () Addition
Name: KING, DAN
Address: 225 EAST COASTLINE DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: T (X) Change () Addition
Name: SCHWANTNER, MARK
Address: 500 SOUTH LEGACY TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VP (X) Change () Addition
Name: MARIOTTI, DAVID
Address: 607 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NICOLE A TRUEBLOOD D 01/14/2009

Electronic Signature of Signing Officer or Director Date