2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705052

FILED Jan 04, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

550 WATER STREET 208 N LAURA ST SUITE 1000 SUITE 102

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

550 WATER STREET 208 N LAURA ST SUITE 1000 SUITE 102

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

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

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

TRUEBLOOD, NICOLE ADMIN
550 WATER ST
208 N LAURA ST
SUITE 1000

SUITE 1000 SUITE 102

JACKSONVILLE, FL 32202 US 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 01/04/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: D

 Name:
 TRUEBLOOD, NICOLE ADMIN

 Address:
 208 N LAURA ST, STE. 102

 City-St-Zip:
 JACKSONVILLE, FL 32202

Title: P

 Name:
 MARIOTTI, DAVID

 Address:
 607 PONTE VEDRA BLVD

 City-St-Zip:
 PONTE VEDRA BEACH, FL 32082

Title: VP

 Name:
 SCHWANTNER, MARK

 Address:
 500 SOUTH LEGACY TRAIL

 City-St-Zip:
 ST. AUGUSTINE, FL 32092

Title: 1

Name: HALVERSTADT, BARBARA Address: PO BOX 18018 City-St-Zip: JACKSONVILLE, FL 32218

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: NICOLE A. TRUEBLOOD ADMI 01/04/2010