

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705052

FILED
Jan 03, 2012
Secretary of State

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

Current Principal Place of Business:

208 N LAURA ST
SUITE 102
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

208 N LAURA ST
SUITE 102
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 ADMIN
208 N LAURA ST
SUITE 102
JACKSONVILLE, FL 32202 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: D
Name: TRUEBLOOD, NICOLE ADMIN
Address: 208 N LAURA ST, STE. 102
City-St-Zip: JACKSONVILLE, FL 32202

Title: P
Name: ECKERT, PAUL
Address: PO BOX 3000
City-St-Zip: AMELIA ISLAND, FL 32085

Title: VP
Name: SHAWN, FRISBEE
Address: 1201 RIVERPLACE BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: T
Name: DEARIN, SHANNON
Address: 4670 LENIOR AVE S
City-St-Zip: JACKSONVILLE, FL 32216

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

D

01/03/2012

Electronic Signature of Signing Officer or Director

Date