SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:45

DOCUMENT # **N44678** (3)

1. Corporation Name

MEETING PLANNERS INTERNATIONAL, TAMPA BAY AREA CHAPTER, INC.

Principal Place of Business	Mailing Address
C/O BAYWAY TRAVEL 4695 ULMERTON RD. STE 120 CLEARWATER FL 34622 US	C/O BAYWAY TRAVEL 4695 ULMERTON RD CLEARWATER FL 34622 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 31-1135141 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 USF College of Medicine	26 12901 Bruce B. Downs
Suite, Apt. #, etc. 22 MDC - 19	Suite, Apt. #, etc. 27 MDC - 19
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33612 Country 25 Hills.	Zip 29 33612 Country 30 Hills

9. Name and Address of Current Registered Agent

GARRAWAY, CHARLENE
4695 ULMERTON RD.
STE. 120
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: Donna C. Daniels, CMP
82 Street Address (P.O. Box Number is Not Acceptable): 12901 Bruce B. Downs Blvd. - MDC 19
83: USF College of Medicine
84 City: Tampa FL 85 Zip Code: 33612

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Donna C. Daniels 7/27/95
Signature, Type or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President ☐ Change ☐ Addition
NAME	GARRAWAY, CHARLENE	12 NAME	Donna Daniels, CMP
STREET ADDRESS	4695 ULMERTON RD, STE 120	13 STREET ADDRESS	12901 Bruce D. Downs Blvd-MDC 19
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Tampa, Florida 33612
TITLE	VP	21 TITLE	Pres-Elect / VP ☐ Change ☐ Addition
NAME	DANIELSSS, DONNA	22 NAME	Susan Blair
STREET ADDRESS	12901 BRUCE B DOWNS BLVD BX 19 UNIV/ S. FL	23 STREET ADDRESS	1160 Gulf Blvd.
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Clearwater, Fl. 34530
TITLE	T	31 TITLE	Treasurer ☐ Change ☐ Addition
NAME	SMITH, SHELLY	32 NAME	Shelley Smith-Gonzalez
STREET ADDRESS	RADDISSON STE 1201 GULF BLVD.	33 STREET ADDRESS	1201 Gulf Blvd
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	Clearwater, FL 34630
TITLE	S	41 TITLE	Secretary ☐ Change ☐ Addition
NAME	SHONG, PAULA	42 NAME	Nadra Simmons
STREET ADDRESS	TRADEWINDS, 5600 GULF BLVD.	43 STREET ADDRESS	430 S. Gulfview Blvd.
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	Clearwater, FL 34630
TITLE	D	51 TITLE	Programs /D ☐ Change ☐ Addition
NAME	HERMANN, SUZANNE	52 NAME	Tammy Lamm
STREET ADDRESS	THE DON CESAR, 5400 GULF BLVD.	53 STREET ADDRESS	5600 Gulf Blvd
CITY-ST-ZIP	ST. PETE BCH FL	54 CITY-ST-ZIP	St. Petersburg, FL 33706
TITLE	D	61 TITLE	Membership /D ☐ Change ☐ Addition
NAME	BLAIR, SUSAN	62 NAME	Nolan Goldsmith, CMP
STREET ADDRESS	SHERATON SANY KEY, 1160 GULF BLVD.	63 STREET ADDRESS	1354 Sturbridge CT.
CITY-ST-ZIP	CLEARWATER BCH FL	64 CITY-ST-ZIP	Tampa, Florida 34698

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna C. Daniels 7/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0016002