

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 MAY -1 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N47899** (2)

1. Corporation Name

**THE FLORIDA CHAPTER OF THE MARKETING RESEARCH AS  
SOCIATION, INC.**

Principal Place of Business

Mailing Address

900 UNIVERSITY BLVD. NORTH  
SUITE 606  
JACKSONVILLE FL 32211

900 UNIVERSITY BLVD. NORTH  
SUITE 606  
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/16/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3116150** 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 601(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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 **218 Jackson St.**

26 **218 Jackson St.**

Suits, Apt. #, etc.

Suits, Apt. #, etc.

22 City & State

27 City & State

23 **Maitland, FL**

28 **Maitland, FL**

24 Zip

25 Country

29 Zip

30 Country

**32751**

**USA**

**32751**

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IRWIN, CLARICE**  
900 UNIVERSITY BLVD. NORTH  
SUITE 606  
JACKSONVILLE FL 32211

81 Name **Barbara Nolan Market Research**  
82 Street Address (P.O. Box Number is Not Acceptable) **218 Jackson St.**  
83  
84 City **Maitland** FL 85 Zip Code **32751**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE **Jeannette Brown -- Treasurer**

*Jeannette Brown*

4/26/95

Signature, typed or printed name of registered agent and the filer, if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	IRWIN, CLARICE
STREET ADDRESS	3820 LA VISTA CIRCLE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	PD
NAME	CRAVENS, ELAINE
STREET ADDRESS	3103 A WEST EL PRADO BLV
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	CATTELL, SUZANNE
STREET ADDRESS	500 N. ORLANDO AVE, 1398
CITY - ST - ZIP	WINTER PARK FL
TITLE	TD
NAME	BLACKBURN, KATHRYN
STREET ADDRESS	900 UNIVERSITY BLVD, N., SUITE 606
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	NOLAN, BARBARA
STREET ADDRESS	1260 WEST LANGLEY COURT
CITY - ST - ZIP	HEATHROW FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barbara Nolan	
1.3 STREET ADDRESS	218 Jackson St.	
1.4 CITY - ST - ZIP	Maitland, FL 32751	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elaine Cravens	
2.3 STREET ADDRESS	600 N Westshore Blvd, Ste 507	
2.4 CITY - ST - ZIP	Tampa FL 33609	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathryn Blackburn	
3.3 STREET ADDRESS	9250 Baymeadows Rd., Ste. 350	
3.4 CITY - ST - ZIP	Jacksonville, FL 32256	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Daniel Clapp	
4.3 STREET ADDRESS	760 NW 107th Ave., Ste. 106/115	
4.4 CITY - ST - ZIP	Miami, FL 33172	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Maria Reynolds	
5.3 STREET ADDRESS	600 N. Westshore Blvd, Ste. 702	
5.4 CITY - ST - ZIP	Tampa, FL 33609	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jeannette Brown	
6.3 STREET ADDRESS	2653 Sandlewood Cir.	
6.4 CITY - ST - ZIP	Orange Park, FL 32065	

**REMITTED BY MAIL**  
*4/26/95*

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 110.07(3)(k), 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: *Jeannette Brown*

Jeannette Brown -- Treasurer -- 4/26/95 (904) 264-3282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #