

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N47899 (2)**

1. Corporation Name

**THE FLORIDA CHAPTER OF THE MARKETING RESEARCH ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

218 JACKSON ST.  
MAITLAND FL 32751  
US

218 JACKSON ST.  
MAITLAND FL 32751  
US

3. Date Incorporated or Qualified  
**03/16/1992**

3a. Date of Last Report  
**05/01/1995**

21 2. Principal Place of Business  
**1734 Kingsley Ave**

2a. Mailing Address  
**1734 Kingsley Ave**

4. FEI Number  
**59-3116150**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**(upstairs)**

27 Suite, Apt. #, etc.  
**(upstairs)**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State  
**Orange Park FL**

28 City & State  
**Orange Park FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip  
**32073**

25 Country  
**U.S.A.**

29 Zip  
**32073**

30 Country  
**U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARBARA NOLAN MARKET RESEARCH  
218 JACKSON ST.  
MAITLAND FL 32751**

81 Name  
**Jeannette Brown**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1734 Kingsley Ave**

83

84 City  
**Orange Park FL** 85 Zip Code  
**32073**

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 *Jeannette Brown*

**Jeannette Brown -- Treasurer 4/29/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOLAN, BARBARA	
STREET ADDRESS	218 JACKSON ST.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRAVENS, ELAINE	
STREET ADDRESS	600 N WESTSHORE BLVD., STE. 507	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLACKBURN, KATHRYN	
STREET ADDRESS	9250 BAYMEADOWS RD., STE. 350	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLAPP, DANIEL	
STREET ADDRESS	760 NW 107TH AVE., STE. 106/115	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, MARIA	
STREET ADDRESS	600 N. WESTSHORE BLVD., STE. 702	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, JEANNETTE	
STREET ADDRESS	2653 SANDLEWOOD CIR	
CITY-ST-ZIP	ORANGE PARK FL 32065	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Daniel Clapp	
1.3 STREET ADDRESS	760 NW 107th Ave., Ste. 106/115	
1.4 CITY-ST-ZIP	Miami FL 33172	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barbara Nolan	
2.3 STREET ADDRESS	218 Jackson St	
2.4 CITY-ST-ZIP	Maitland FL 32751	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marta Bethart	
4.3 STREET ADDRESS	9100 Coral Way, Ste. 6	
4.4 CITY-ST-ZIP	Miami FL 33165	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lois Stermer	
5.3 STREET ADDRESS	4020 S 57th Ave., Ste 103	
5.4 CITY-ST-ZIP	Lake Worth FL 33463	
6.1 TITLE	TD	<input 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	

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(9)(a), 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 4/29/96**

904-264-3282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)