

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90396 017 ****61.25

DOCUMENT # N47899
 1. Entity Name
THE FLORIDA CHAPTER OF THE MARKETING RESEARCH ASSOCIATION, INC.



Principal Place of Business
 2525 DRANE FIELD ROAD
 SUITE 15
 LAKELAND, FL 33811 US

Mailing Address
 2525 DRANE FIELD ROAD
 SUITE 15
 LAKELAND, FL 33811 US

50007860



02102006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-3116150

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WILLIAMS, ASHAKI
2525 DRANE FIELD ROAD
STE 15
LAKELAND, FL 33811

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

Make check payable to **Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HUDSON, ANN 101 PHILIPPE PARKWAY, STE A SAFETY HARBOR, FL 34695 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Ashaki Williams 2525 Drane Field Rd. Ste. 15 Lakeland, FL. 33811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALMEIDA, CAROL 1061 E. INDIANTOWN RD, STE 204 JUPITER, FL 33477 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Pat Blackwell 1427 E. Seimen Boulevard Suite 104 Apopka, FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCANLON, MINDY 4014 GUNN HWY, STE 110 TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Aitschul, Gary 1415 West Cypress Crook Road Fort Lauderdale, FL. 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BLACKBURN, KATHRYN 9250 BAYMEADOWS ROAD STE 350 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Blackburn, Kathryn 9250 Baymeadows Rd. Ste. 350 Jacksonville <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V COPELAND, HANK 631 US HWY 1 STE 406 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Copeland, Hank 631 US Hwy 1 Ste. 406 North Palm Beach, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARRIS, ANGELA 2020 N.W. RIVER GLEN AVENUE HIGH SPRINGS, FL 32655 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ashaki Williams Date: 3-30-06 Daytime Phone #: 863-709-0553 x1-115