2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744664

FILED Jan 02, 2008 Secretary of State

Entity Name: THE JACKSONVILLE CHAPTER, THE AMERICAN INSTITUTE OF ARCHITECTS, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 331607 1135 LINKSIDE CT. W.

ATLANTIC BEACH, FL 322331607 ATLANTIC BEACH, FL 322331607

Current Mailing Address: New Mailing Address:

P.O. BOX 331607

ATLANTIC BEACH, FL 322331607

FEI Number: 59-2679709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DASHER, GLENN BYRD, MICHAEL A 1301 RIVERPLACE BLVD BYRD, MICHAEL A 7213 SECRET WOODS DR.

SUITE 500 JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32216 US

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: MICHAEL A. BYRD 01/02/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VP () Delete Title: VP (X) Change () Addition

 Name:
 BYRD, MICHAEAL
 Name:
 NOEL, CHRIS

 Address:
 PO BOX 19586
 Address:
 115 E. FORSYTH ST.

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32202

Title: TREA () Delete Title: TREA (X) Change () Addition

Name: NOEL, CHRIS Name: CRAWFORD, SCOTT

Address: 115 E. FORSYTH ST. Address: 10748 DEERWOOD PARK BLVD. SOUTH

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32256

Title: SEC () Delete Title: () Change () Addition Name: CRAWFORD, SCOTT Name:

 Address:
 10748 DEERWOOD PARK BLVD. SOUTH
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 DASHER, GLENN
 Name:
 BYRD, MICHAEL A

 Address:
 1301 RIVERPLACE BLVD. SUITE 500
 Address:
 7213 SECRET WOODS DR.

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:
 JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL A. BYRD MR. 01/02/2008