

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744664

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

1135 LINKSIDE CT. W.
ATLANTIC BEACH, FL 322331607

New Principal Place of Business:

1135 LINKSIDE CT. W.
ATLANTIC BEACH, FL 32233

Current Mailing Address:

P.O. BOX 331607
ATLANTIC BEACH, FL 322331607

New Mailing Address:

PO BOX 331607
ATLANTIC BEACH, FL 32233

FEI Number: 59-2679709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, MICHAEL A
7213 SECRET WOODS DR.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

NOEL, CHRIS N
115 E. FORSYTH ST.
JACKSONVILLE, FL 32202 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: CHRIS NOEL

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: NOEL, CHRIS
Address: 115 E. FORSYTH ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: TREA () Delete
Name: CRAWFORD, SCOTT
Address: 10748 DEERWOOD PARK BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: SEC () Delete
Name: CRAWFORD, SCOTT
Address: 10748 DEERWOOD PARK BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: PRES () Delete
Name: BYRD, MICHAEL A
Address: 7213 SECRET WOODS DR.
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CRAWFORD, SCOTT
Address: 10748 DEERWOOD PARK BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: TREA (X) Change () Addition
Name: KING, HOLLY
Address: 207 NORTH LAURA STREET, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32202

Title: SEC (X) Change () Addition
Name: NORMAN, TOM
Address: 1361 13TH ST.S., SUITE 230
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PRES (X) Change () Addition
Name: NOEL, CHRIS
Address: 115 E. FORSYTH ST.
City-St-Zip: JACKSONVILLE, FL 32202

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: CHRIS NOEL

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date