

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744664

**FILED**  
**Jan 04, 2010**  
**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 32233

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 331607  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

**FEI Number:** 59-2679709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

CRAWFORD, RAYMOND S  
10748 DEERWOOD PARK BLVD. SOUTH.  
JACKSONVILLE, FL 32256 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: RAYMOND S. CRAWFORD

01/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: KING, HOLLY  
Address: 1740 DOGWOOD PLACE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TREA  
Name: NORMAN, TOM  
Address: 1361 13TH ST.S., SUITE 230  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SEC  
Name: HURST, TOM  
Address: 1301 RIVERPLACE BLVD, #500  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: LANE JETER MANIS

ED

01/04/2010

Electronic Signature of Signing Officer or Director

Date