

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001960

FILED
Feb 02, 2009
Secretary of State

Entity Name: PROJECT MANAGEMENT INSTITUTE, NORTHEAST FLORIDA CHAPTER, INC.

Current Principal Place of Business:

256 ODOMS MILL BLVD.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

PO BOX 16521
JACKSONVILLE, FL 322456521

New Mailing Address:

FEI Number: 59-3281224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMSON, ED
256 ODOMS MILL BLVD
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATSON, JOHN
Address: 85002 DURRANCE AVE
City-St-Zip: YULEE, FL 32097

Title: DVP () Delete
Name: THOMSON, ED
Address: 256 ODOMS MILL BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ED THOMSON

DVP

02/02/2009

Electronic Signature of Signing Officer or Director

Date