

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001960

FILED
Feb 01, 2011
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:

459 SPARROW BRANCH CIRCLE
SAINT JOHNS, FL 32259

Current Mailing Address:

PO BOX 16521
JACKSONVILLE, FL 322456521

New Mailing Address:

PO BOX 17192
JACKSONVILLE, FL 32245

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:

WILCOX, CRAIG D
459 SPARROW BRANCH CIRCLE
SAINT JOHNS, FL 32259 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: CRAIG D. WILCOX

02/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: PHILLIPS, BRIAN
Address: 703 CHERRY STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: DVP
Name: WILCOX, CRAIG
Address: 459 SPARROW BRANCH CIRCLE
City-St-Zip: SAINT JOHNS, FL 32259

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: CRAIG D. WILCOX

DVP

02/01/2011

Electronic Signature of Signing Officer or Director

Date