2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

DOCUMENT# N00000001960

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

Current Principal Place of Business:

459 SPARROW BRANCH CIRCLE
SAINT JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

PO BOX 17192
JACKSONVILLE, FL 32245

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:

WILCOX, CRAIG D
459 SPARROW BRANCH CIRCLE
SAINT JOHNS, FL 32259 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: DP
Name: PRESLEY, JAMES R
Address: 205 LIGE BRANCH LN
City-St-Zip: SAINT JOHNS, FL 32259

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 03/20/2012

Electronic Signature of Signing Officer or Director Date