


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90052 013 ****61.25

DOCUMENT # N02000004528					
1. Entity Name GEORGIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					
Principal Place of Business 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204			Mailing Address 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03242005 Chg-NP CR2E037 (10/03)	
4. FEI Number 57-1135450				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, DONALD C 1000 RIVERSIDE AVE 205 JACKSONVILLE, FL 32204			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME KARPAS, ANTHONY STREET ADDRESS 1000 RIVERSIDE AVE CITY - ST - ZIP JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE PPD NAME Karpas, Anthony MD STREET ADDRESS 3193 Howell Mill Rd. #314 CITY - ST - ZIP Atlanta, GA 30327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BLACK, JUDSON STREET ADDRESS 1000 RIVERSIDE AVE CITY - ST - ZIP JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Robertson, David MD STREET ADDRESS 77 Collier Rd NW #2080 CITY - ST - ZIP Atlanta, GA 30309-1754	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME REED, CHIP STREET ADDRESS 1000 RIVERSIDE AVE CITY - ST - ZIP JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Flood, Thomas MD STREET ADDRESS 5667 Peachtree Dunwoody Rd NE CITY - ST - ZIP Atlanta, GA 30342-1725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE M NAME JONES, DONALD C STREET ADDRESS 1000 RIVERSIDE AVE #205 CITY - ST - ZIP JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE TD NAME Isaacs, Scott MD STREET ADDRESS 775 Johnson Ferry Rd CITY - ST - ZIP Atlanta, GA 30342-2488	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <i>Donald Jones CEO</i> 3/30/05 - (904) 353-7878 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					