2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004016

FILED Sep 16, 2009 Secretary of State

Entity Name: THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES TREASURE COAST OF FLORIDA

CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

3244 RIVER DR. 615 SW BILTMORE STREET FT. PIERCE, FL 34981 PORT ST LUCIE, FL 34983

Current Mailing Address: New Mailing Address:

PO BOX 880381 PO BOX 880381

FT. PIERCE, FL PORT ST LUCIE, FL 34988

FEI Number: 26-1850014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MORHARDT, CHRIS

1100 ST. LUCIE WEST BLVD
PORT ST LUCIE, FL 34981 US

MORHARDT, CHRIS
473 NW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983 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: 09/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 MORHARDT, CHRIS
 Name:
 BERRYMAN, KRISTINA

 Address:
 1100 ST. LUCIE WEST BLVD
 Address:
 615 SW BILTMORE STREET

 City-St-Zip:
 PORT ST LUCIE, FL 34981
 City-St-Zip:
 PORT ST LUCIE, FL 34983

Title: V () Delete Title: V (X) Change () Addition

 Name:
 BERRYMAN, KRISTINA
 Name:
 MILLER, REBECCA

 Address:
 615 SW BILTMORE STREET
 Address:
 285 SE VERADA AVENUE

 City-St-Zip:
 PORT ST LUCIE, FL 34983
 City-St-Zip:
 PORT ST LUCIE, FL 34983

Title: T () Delete Title: T (X) Change () Addition Name: POVIO, DAVID Name: JAMES, PAUL E

Name: POVIO, DAVID Name: JAMES, PAUL E
Address: 1479 SW BOUGAINVILLEA AVE Address: 251 MAITLAND AVENUE, SUITE 215

Address: 14/9 SW BOUGAINVILLEA AVE Address: 251 MAITLAND AVENUE, SUITE 215 City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: ALTAMONTE SPRINGS, FL 32801

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name: ALBRITTON, KIM Name: JAMES, PAUL E

Address: 2560 RCA BLVD SUITE 105 Address: 251 MAITLAND AVENUE, SUITE 215 City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: ALTAMONTE SPRINGS, FL 32801

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: KRISTINA BERRYMAN P 09/16/2009