

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09857

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE NORTHEAST FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF INDUSTRIAL AND OFFICE PARKS, INC.

Current Principal Place of Business:

701 WEST ADAMS STREET
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10681
JACKSONVILLE, FL 322470681 US

New Mailing Address:

FEI Number: 59-2551921 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEWELL, RICHARD J
701 WEST ADAMS STREET
JACKSONVILLE, FL 32204 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: P () Delete
Name: CLIFFORD, KATE
Address: 484 JACKSONVILLE DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PE () Delete
Name: WHITE, CHARLES
Address: 10407 CENTURION PARKWAY, STE 110
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: NEWELL, RICHARD J
Address: 701 WEST ADAMS STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITE, CHARLES
Address: 10407 CENTURION PARKWAY, STE 110
City-St-Zip: JACKSONVILLE, FL 32256

Title: PE (X) Change () Addition
Name: BARAKAT, OLIVER
Address: 225 WATER STREET SUITE 110
City-St-Zip: JACKSONVILLE, FL 32202

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: R JOSEPH NEWELL

T

04/30/2008

Electronic Signature of Signing Officer or Director

Date