2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N11225

Entity Name: GREATER JACKSONVILLE AREA CHAPTER OF THE AMERICAN PRODUCTION AND INVENTORY CONTROL SOCIETY, INC.

Current Principal Place of Business:

BOX 551044
JACKSONVILLE, FL 322551044

New Principal Place of Business:

Current Mailing Address:

PO BOX 551044
JACKSONVILLE, FL 322551044

New Mailing Address:

FEI Number: 59-2784030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TASSO, ERIC P
108 CYPRESS POND CT
PONTE VEDRA, FL 32082 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	( ) Delete
Name:	HOVAN, DAVID MR	
Address:	10901 BURNT MILL RD #406	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	DT	( ) Delete
Name:	TASSO, ERIC P	
Address:	154 INDUSTRIAL LOOP S	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	DVP	( ) Delete
Name:	KELLY, MICHAEL L MR	
Address:	8707 HAVERHILL ST	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	DS	( ) Delete
Name:	MILLEMACI, MARLENE MS	
Address:	1536 KINGSLEY AVE STE 125	
City-St-Zip:	ORANGE PARK, FL 32073	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DAVID HOVAN DP 03/29/2009

Electronic Signature of Signing Officer or Director — Date