SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 10 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N19335** **(1)**

1. Corporation Name

NORTHEAST FLORIDA CHAPTER, FLORIDA PLANNING AND ZONING ASOCIATION, INC.

Principal Place of Business	Mailing Address
110 RIVERSIDE AVENUE JACKSONVILLE FL 32202	110 RIVERSIDE AVENUE JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1987
3a. Date of Last Report: 09/27/1994
4. FEI Number: 59-2664591 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21: 3131 ST. JOHNS BLUFF RD
22: Suite, Apt. #, etc.
23: City & State: JACKSONVILLE, FL
24: Zip: 32246 25: County: DUVAL

2a. Mailing Address
26: 3131 ST. JOHNS BLUFF RD.
27: Suite, Apt. #, etc.
28: City & State: JACKSONVILLE, FL.
29: Zip: 32246 30: County: DUVAL

9. Name and Address of Current Registered Agent

LINGER, MELODY
% AKEL, LOGAN & SHAFER
110 RIVERSIDE AVENUE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: SUSAN GREEN % ENGLAND, THIMS AND MILLER
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3131 ST. JOHNS BLUFF RD.
84 City: JACKSONVILLE FL 85 Zip Code: 32246

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: Susan Green SUSAN GREEN 06/30/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	LIEBER, JANET B	1.2 NAME	GREEN, SUSAN
STREET ADDRESS	1900 CORPORATE SQUARE BLVD.	1.3 STREET ADDRESS	3131 ST. JOHNS BLUFF RD.
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D	2.1 TITLE	V ☐ Change ☒ Addition
NAME	ALLEN, JOHN A	2.2 NAME	DAVE TILLIS
STREET ADDRESS	1301 GULFLIFE DR., STE. 2552	2.3 STREET ADDRESS	1650 PRUDENTIAL DR.
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32207
TITLE	T	3.1 TITLE	S ☐ Change ☒ Addition
NAME	LINGER, MELODY	3.2 NAME	SHARON PARKS
STREET ADDRESS	110 RIVERSIDE AVE.	3.3 STREET ADDRESS	200 W. FORSYTH ST., SUITE 1400
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202
TITLE	S	4.1 TITLE	T ☐ Change ☒ Addition
NAME	GREEN, SUSAN	4.2 NAME	STEVEN LINDORFF
STREET ADDRESS	3131 ST. JOHNS BLUFF ROAD	4.3 STREET ADDRESS	11 NORTH 3RD ST.
CITY-ST-ZIP	JACKSONVILLE FL 32246	4.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	DURDEN, BRENNA	5.2 NAME	RAJ MEHTA
STREET ADDRESS	50 N. LAURA STREET	5.3 STREET ADDRESS	128 EAST FORSYTH STREET
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	BARSH, BARBARA	6.2 NAME	
STREET ADDRESS	1534 ROBINSON AVE.	6.3 STREET ADDRESS	← SAME
CITY-ST-ZIP	JACKSONVILLE FL 32205	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Green SUSAN GREEN 06/30/95 (904)642-8990
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)

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