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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

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

Principal Place of Business	Mailing Address
3131 ST. JOHNS BLUFF ROAD JACKSONVILLE FL 32246 US	3131 ST. JOHNS BLUFF ROAD JACKSONVILLE FL 32246-3711 US

3. Date Incorporated or Qualified: 02/19/1987
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREEN, SUSAN
3131 ST. JOHNS BLUFF ROAD
110 RIVERSIDE AVENUE
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	~~GREEN, SUSAN~~		1.2 NAME	PARKS, SHARON	
STREET ADDRESS	~~3131 ST. JOHNS BLUFF ROAD~~		1.3 STREET ADDRESS	220 EAST BAY STREET, ROOM 1300	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	~~TILLIS, DAVE~~		2.2 NAME	ROBINSON, RHODES	
STREET ADDRESS	~~1650 PRUDENTIAL DRIVE~~		2.3 STREET ADDRESS	8711 PERIMETER PARK BLVD. SUITE 11	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	S	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	~~PARKS, SHARON~~		3.2 NAME	PIERCE, EMILY	
STREET ADDRESS	~~200 N FORSYTH STREET SUITE #1400~~		3.3 STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1500	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LINDORFF, STEVEN		4.2 NAME		
STREET ADDRESS	11 NORTH 3RD STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~RAW, MEHTA~~		5.2 NAME	TILLIS, DAVE	
STREET ADDRESS	~~128 EAST FORSYTH STREET~~		5.3 STREET ADDRESS	1650 RIVERPLACE BLVD.	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~BARSH, BARBARA~~		6.2 NAME	BUNNEWITH, DENISE	
STREET ADDRESS	~~4534 ROBINSON AVE.~~		6.3 STREET ADDRESS	128 E. FORSYTH ST., 7TH FLR.	
CITY-ST-ZIP	~~JACKSONVILLE FL 32205~~		6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	

CR2E037 (9/96)

14. I do 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 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: [signature] STEVEN G. LINDORFF, TREAS. 5/8/97 904-247-6231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #