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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19335** (1)

1. Corporation Name

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

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

3. Date Incorporated or Qualified

02/19/1987

4. FEI Number

59-2664591

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1900 Corporate Sq. Blvd. Suite, Apt. #, etc.	26 1900 Corporate Sq. Blvd. Suite, Apt. #, etc.
22 City & State	27 City & State
23 Jacksonville, Florida	28 Jacksonville, Florida
24 Zip 32216	29 Zip 32216
25 Country USA	30 Country USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	Smith, Don
82 Street Address (P.O. Box Number is Not Acceptable)	1900 Corporate Square Blvd.
83	
84 City	Jacksonville
85 Zip Code	FL 32216

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

Don R. Smith

3/10/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PARKS, SHARON	
STREET ADDRESS	220 EAST BAY ST ROOM 1300	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, RHODES	
STREET ADDRESS	8711 PERIMETER PRK BLVD STE 11	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PIERCE, EMILY	
STREET ADDRESS	1301 RIVERPLACE BLVD STE 1500	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	XX V	<input type="checkbox"/> DELETE
NAME	LINDORFF, STEVEN	
STREET ADDRESS	11 NORTH 3RD STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TILLIS, DAVE	
STREET ADDRESS	1650 RIVERPLACE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUNNEWITH, DENISE	
STREET ADDRESS	128 E FORSYTH ST 7TH FL	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dill, Patricia	
1.3 STREET ADDRESS	9143 Phillips Hwy, Suite 350	
1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Smith, Don	
2.3 STREET ADDRESS	1900 Corporate Square Blvd.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32216	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Evans, Valerie	
5.3 STREET ADDRESS	1900 Corporate Square Blvd.	
5.4 CITY-ST-ZIP	Jacksonville, FL 32216	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Emerson, Lurzia	
6.3 STREET ADDRESS	200 Laura St., 3rd Floor	
6.4 CITY-ST-ZIP	Jacksonville, FL 32202	

14. I 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:

Don R. Smith

3/10/98

947 121-2991

CR2E037 (10/97)