

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90072 012 ****61.25

DOCUMENT # N19335

1. Corporation Name

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

Principal Place of Business

1900 CORPORATE SQ BLVD
JACKSONVILLE FL 32216
US

Mailing Address

1900 CORPORATE SQ BLVD
JACKSONVILLE FL 32216
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/19/1987

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

9. Name and Address of Current Registered Agent

SMITH, DON
1900 CORPORATE SQ BLVD
JACKSONVILLE FL 32216

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

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 ☒ DELETE

NAME **P DILL, PATRICIA**
STREET ADDRESS **9143 PHILLIPS HWY, SUITE 350**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ DELETE

NAME **T SMITH, DON**
STREET ADDRESS **1900 CORPORATE SQUARE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ DELETE

NAME **S PIERCE, EMILY**
STREET ADDRESS **1301 RIVERPLACE BLVD STE 1500**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **V LINDORFF, STEVEN**
STREET ADDRESS **11 NORTH 3RD STREET**
CITY-ST-ZIP **JACKSONVILLE BEACH FL**

TITLE ☒ DELETE

NAME **D EVANS, VALERIE**
STREET ADDRESS **1900 CORPORATE SQUARE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ DELETE

NAME **D EMERSON, LURZIA**
STREET ADDRESS **200 LAURA STREET, 3RD FLOOR**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Thad Crowe**
1.3 STREET ADDRESS **8101 Phillips Hwy Suite 100**
1.4 CITY-ST-ZIP **Jacksonville, FL 32256**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Valerie Evans**
3.3 STREET ADDRESS **1900 Corporate Square Blvd**
3.4 CITY-ST-ZIP **Jacksonville, FL 32216**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **D. Amy Skinner**
5.3 STREET ADDRESS **1896 Baymeadows Way, Suite 100**
5.4 CITY-ST-ZIP **Jacksonville, FL 32256**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **Gary Davidson**
6.3 STREET ADDRESS **200 W. Forsyth St Suite 1000**
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/99 904 721 2491

CR2E037 (11/98)