FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N23674 (7)

1. Corporation Name

THE NORTHEAST FLORIDA CHAPTER OF NATIONAL SPA & POOL INSTITUTE, INC.

Principal Place of Business	Mailing Address
~~GARIS, MARILYN~~ ROBBINS, KELLEY P. O. BOX 454 PONTE VEDRA BEACH FL 32004 US	~~GARIS, MARILYN~~ ROBBINS, KELLEY P. O. BOX 454 PONTE VEDRA BEACH FL 32004 US

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

3. Date Incorporated or Qualified: 12/01/1987	3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-2856307	☐ 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

GARIS, MARILYN
558 S OSPREY AVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: ROBBINS, KELLEY
82 Street Address (P.O. Box Number is Not Acceptable): ~~558 S. OSPREY AVE~~ P.O. BOX 454
83
84 City: ~~SARASOTA~~ PONTE VEDRA BCH, FL 85 Zip Code: FL 32004

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: Kelley Robbins, Executive Director — 2/12/96
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	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	OMRAN, TONY		1.2 NAME		
STREET ADDRESS	6454 BEACH BOULEVARD		1.3 STREET ADDRESS	Same	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	EATON, PAT		2.2 NAME		
STREET ADDRESS	358 S. PONCE DE LEON BLVD.		2.3 STREET ADDRESS	Same	
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	D.	☒ Change ☐ Addition
NAME	GUNTI, BETH		3.2 NAME		
STREET ADDRESS	1930 S. BEAVER ST		3.3 STREET ADDRESS	same	
CITY-ST-ZIP	JACKSONIVLLE FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	WILLIAMSEN, RUSS		4.2 NAME		
STREET ADDRESS	4533 SUNBEAM RD #302		4.3 STREET ADDRESS	same	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	FITZSIMMONS, JOE		5.2 NAME	Rowland Beede	
STREET ADDRESS	891 BLANDING BOULEVARD		5.3 STREET ADDRESS	2042 Carnes St.	
CITY-ST-ZIP	ORANGE PARK FL		5.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	☒ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME	COREY, RONALD G		6.2 NAME	Elaine Mohr	
STREET ADDRESS	6454 BEACH BOULEVARD		6.3 STREET ADDRESS	11730 Phillips Hwy.	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Jacksonville, FL 32256	

CR2E037 (12/95)

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)(k), 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: P. A. Eaton P. A. EATON, PRESIDENT 2/14/96 904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #