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 08, 1999 8:00 am
Secretary of State
04-08-1999 90086 048 ****61.25

DOCUMENT # N23674

1. Corporation Name

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

Principal Place of Business	Mailing Address
558 S Osprey Avenue Sarasota, FL 34236	558 S Osprey Avenue Sarasota, FL 34236

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/01/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2856307 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Jon C. Bednerik
	82 Street Address (P.O. Box Number is Not Acceptable): 558 S Osprey Avenue
	83: Sarasota, FL 34236
	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: Jon C. Bednerik 3.16.99
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Hari-Anne Felder		1.2 NAME	
STREET ADDRESS	10023 Beach Blvd		1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32246		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Ron Corey		2.2 NAME	
STREET ADDRESS	6454 Beach Blvd		2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32216		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Richard Norton		3.2 NAME	
STREET ADDRESS	1502 Cesry Terrace		3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32211		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Russ Williamsen		4.2 NAME	
STREET ADDRESS	4533 Sunbeam Rd #302		4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32257		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Rowland Beede		5.2 NAME	
STREET ADDRESS	2042 Carnes St		5.3 STREET ADDRESS	
CITY-ST-ZIP	Orange Park, FL 32073		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Beth Gunti		6.2 NAME	
STREET ADDRESS	1930 W Beaver St		6.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32209		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Hari-Anne Felder 3-22-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #