FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N46543

(7)

NORTH EAST BUSINESS ASSOCIATION, INC.

Principal Place of Business			Mailing Address 3375-G CAPITAL CIRCLE NE % GREGO COCHRAN TALLAHASSEE FL 32308		1 19011(8) 014 01410 01	INT DIELE AIRME ISSE AIRES BINIT AIRES AIRES AIRES AIRES I	**	
3375-G CAPITAL CIRCLE NE % GREGO COCHRAN TALLAHASSEE FL 32308								
					3. Date Incorporated or 0 12/20/1991	Qualified 3a. Date of Last Report 06/06/1995		
2. 21	2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3091799	Applied For	-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applica			
22			27		5. Certificate of Status D	esired Fee Required	.1	
23	City & State		City & State		Election Campaign Fin Trust Fund Contribution			
1	Zip	Country	Zip	Country		ability for intangible tax under s. 199.032,		
24		25	29	30	Florida Statutes	Yes No		
Name and Address of Current Registered Agent					10. Name and Address	10. Name and Address of New Registered Agent		
COCHRAN, GREGORY J 81 Name 82 Street A					me			
					ent Address (P.O. Box Number is Not	Accontable)		
3375-G CAPITAL CIRCLE NE				02 000	82 Street Address (P.O. Box Number is Not Acceptable)			
	TALLAHASSEE FL			83			\dashv	
	•			84 City		[0=1 7: O. I		
					<i>'</i>	FL 85 Zip Code	Ì	
. 1 1	or registered agent, or	both, in the State of Floric	and 617.1508, Florida State la. Such change was author on 617.0503, Florida Statut	rized by the corporatio	d corporation submits this statement finds board of directors. I hereby acceptions	or the purpose of changing its registered of the appointment as registered agent. I are	ffice n	
Si	GNATURE							
	Signature, typico	or printed name of registered agent		NOTE: Registered Agent signal		DATE		
12		OFFICERS AND		13.		S 10 OFFICERS AND DIRECTORS IN 12		
ЙIТ	, , -		DELETE	† 1 TITLE	PRESIDENT (DIR	Change Additi	on	
	MUNROE, MARGARET A.			1.2 NAME	1.2 NAME GREGORY J. COCHRAN 1.3 STREET ADDRESS 3375-G CAPITAL CIRCLE N.E.			
		CAPITAL CIR., N.E		1.3 STREET ADORE	S 3375-9 CAPIT	1 27 2 no		
		HASSEE FL		1.4 CITY - ST - ZIP	TALLAHASSEE, 1	- L 3L 308		
TIT			∑ DELETE	2 1 TITLE	PRESIDENT - ELEC		on	
NA		OUGH, EVERETT		2 2 NAME	DIANE REDINGE	R		
		CAPITAL CIR., N.E.		2 3 STREET ADDRE		CIRCLE D.E.		
		HASSEE FL	Moneyere	2 4 CITY - ST - ZIP	TALLAHASSEE	FC 32308		
717		N DAVAD	X) DELETE	3 1 TITLE	SECRETARY (DIR	Change Additi	on	
NA		n, david Capital Circle Ne		3 2 NAME	SS 6439 KINGMAN TO	PAIL		
		HASSEE FL		3 3 STREET ADDRE	TACLA HASSEE,	C1 32308		
TIT		INOSEE PL	⊠ D£L€TE	3.4 CITY-ST-ZIP	TREASURER (DIA			
NA		RAN, GREGORY J	Morreit	4.FIIIEE	DAVID NERLAND		וזכ	
		CAPITAL CIR., N.E.						
		HASSEE FL		4 3 STREET ADORE	1			
TH		INOULL 1 L	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	TALLAHASSEE,	Change Additi		
NA				52 NAME		□ Cuange ☐ Monto	21	
	REET ADDRESS			5.3 STREET ADDRE	00			
	Y-SI-ZIP							
TIT			DELETE	5 4 City-St-ZiP 6 1 Title		1 O A TOTO DE Strange ☐ Additi		
NA.	!		Franch to a se a to a pr	62 NAME	គណៈក្រក់ក	18477₽99 □Additi 01034023	~'	
	REET ADDRESS			6.3 STREET ADDRE	-Ub/U3/96	01034053		
City-St-ZiP				6.4 CITY - ST - ZIP	*** 61.2 5			
2.,				■ 0 4 OH 1 31 1 ZI				

14. Lob 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:

NATURE AND PRED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY J. COCHRAN

126/96

904)385-7444 Daylinie Prone # .H2E037 (12/95