

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 # N46543 (7)
1. Corporation Name
NORTH EAST BUSINESS ASSOCIATION, INC.



Principal Place of Business: **3375-G CAPITAL CIRCLE NE % GREGO COCHRAN TALLAHASSEE FL 32308**
Mailing Address: **3375-G CAPITAL CIRCLE NE % GREGO COCHRAN TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified: **12/20/1991**
3a. Date of Last Report: **06/06/1995**
4. FEI Number: **59-3091799**
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

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

9. Name and Address of Current Registered Agent: **COCHRAN, GREGORY J 3375-G CAPITAL CIRCLE NE TALLAHASSEE FL 32308**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	MUNROE, MARGARET A. 2762 CAPITAL CIR., N.E. TALLAHASSEE FL	1.1 TITLE: PRESIDENT (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD	YARBROUGH, EVERETT 1706-C CAPITAL CIR., N.E. TALLAHASSEE FL	2.1 TITLE: PRESIDENT-ELECT (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD	HINTON, DAVID 3185 CAPITAL CIRCLE NE TALLAHASSEE FL	3.1 TITLE: SECRETARY (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD	COCHRAN, GREGORY J 3375-G CAPITAL CIR., N.E. TALLAHASSEE FL	4.1 TITLE: TREASURER (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gregory J. Cochran* Date: **4/26/96** Daytime Phone #: **(904) 385-7444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **GREGORY J. COCHRAN**

CR2E037 (12/95)