


FILE NOW: FILING FEE IS \$61.25

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**Apr 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/20/1991	
4. FEI Number 59-3091789	Applied For Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 (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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	COCHRAN, GREGORY J 2762 CAPITAL CIR., N.E TALLAHASSEE FL 32308	1.1 TITLE PRESIDENT (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME REDINGER, DIANE	
STREET ADDRESS		1.3 STREET ADDRESS 3183 CAPITAL CIRCLE N.E.	
CITY-ST-ZIP		1.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE VD	REDINGER, DIANE 3183 CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308	2.1 TITLE VICE PRESIDENT (VD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME ANDY ROBERTS	
STREET ADDRESS		2.3 STREET ADDRESS 1845 CAPITAL CIRCLE N.E.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE SD	HINTON, DAVID 6439 KINGMAN TRAIL TALLAHASSEE FL 32308	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE TD	NERLAND, DAVID 215 S. MONROE STREET TALLAHASSEE FL 32308	4.1 TITLE TREASURER (TD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME CHRIS KEENA	
STREET ADDRESS		4.3 STREET ADDRESS 1801 HERMITAGE BLVD, #130	
CITY-ST-ZIP		4.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE		5.1 TITLE PAST PRESIDENT (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME GREGORY J. COCHRAN	
STREET ADDRESS		5.3 STREET ADDRESS 3375-G CAPITAL CIRCLE NE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Gregory J. Cochran **GREGORY J. COCHRAN** 4/21/98 385-7444

CFR2007 (10/97)