


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90055 048 ****61.25

0008209

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N46543

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
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/20/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3091799
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	NAME REOINGER, DIANE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3183 CAPITAL CIR NE	CITY-ST-ZIP TALLAHASSEE FL 32308	1.2 NAME ROBERTS, ANDY	
		1.3 STREET ADDRESS 1845 CAPITAL CIRCLE N.E	
		1.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE VD	NAME ROBERTS, ANDY	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1845 CAPITAL CIR NE	CITY-ST-ZIP TALLAHASSEE FL 32308	2.2 NAME KEENA, CHRIS	
		2.3 STREET ADDRESS 1801 HERMITAGE BLVD, #130	
		2.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE SD	NAME HINTON, DAVID	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6439 KINGMAN TRAIL	CITY-ST-ZIP TALLAHASSEE FL 32308	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE TD	NAME KEENA, CHRIS	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1801 HERMITAGE BLVD, 130	CITY-ST-ZIP TALLAHASSEE FL 32308	4.2 NAME LAWFIELD, MONICA	
		4.3 STREET ADDRESS 3610-2 SHARROCK W.	
		4.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE PPD	NAME COCHRAN, GREGORY J	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3375 G CAPITAL CIR NE	CITY-ST-ZIP TALL FL 32308	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		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, with all other like empowered.

SIGNATURE: *Gregory J. Cochran* 5/1/99 (850)385-7444

CR2E037 (11/98)