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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 10 PM 1:56

DOCUMENT # N48715 (9)

1. Corporation Name

HOSPITALITY SALES & MARKETING ASSOCIATION INTERN ATIONAL, NORTH FLORIDA CHAPTER INC.

Principal Place of Business	Mailing Address
P.O. BOX 551175 JACKSONVILLE FL 32255	P.O. BOX 551175 JACKSONVILLE FL 32255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1992
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-3134474 ☐ 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 ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOWNSEND, KAREN
ADEEBS SEA TURTLE INN
ONE OCEAN BLVD.
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name: Callaghan, Charles
82 Street Address (P.O. Box Number is Not Acceptable): FL First Coast of Golf
83: 3 Independent Drive
84 City: Jacksonville FL 85 Zip Code: 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Charles W. Callaghan 3/20/95
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	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	TOWNSEND, KAREN	1.2 NAME	Charles Callaghan	
STREET ADDRESS	ONE OCEAN BLVD.	1.3 STREET ADDRESS	3 Independent Drive	
CITY-ST-ZIP	ATLANTIC BEACH FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	ROSENSTROM, KAREN	2.2 NAME	Denise Montpetit	
STREET ADDRESS	8737 BAYMEADOWS RD	2.3 STREET ADDRESS	245 Water Street	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	FELTZ, CAROLEE	3.2 NAME	Shirley Smith	
STREET ADDRESS	4670 SALISBURY RD.	3.3 STREET ADDRESS	4670 Salisbury Rd.	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VD	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	REESE, DAVE	4.2 NAME	Wes Toy	
STREET ADDRESS	3 INDEPENDENT DRIVE	4.3 STREET ADDRESS	607 Ponte Vedra Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Ponte Vedra Bch, FL 32082	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Charles W. Callaghan Charles Callaghan 3/20/95 (904) 798-9148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #