

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 # **N48715** (9)

1. Corporation Name

HOSPITALITY SALES & MARKETING ASSOCIATION INTERNATIONAL, NORTH FLORIDA CHAPTER INC.

Principal Place of Business

Mailing Address

P.O. BOX 551175
JACKSONVILLE FL 32255

P.O. BOX 551175
JACKSONVILLE FL 32255



3. Date Incorporated or Qualified
05/04/1992

3a. Date of Last Report
04/10/1995

4. FEI Number
59-3134474

Applied For
Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALLAGHAN, CHARLES
FL FIRST COAST OF GOLF
3 INDEPENDENT DRIVE
JACKSONVILLE FL 33202**

81 Name

Karen Rosenstrom

82 Street Address (P.O. Box Number is Not Acceptable)

Homewood Suites Hotel

83

8737 Baymeadows Rd.

84 City

Jacksonville

FL

85 Zip Code
32256

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 **Karen D. Rosenstrom**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **CALLAGHAN, CHARLES**
STREET ADDRESS **3 INDEPENDENT DRIVE**
CITY - ST - ZIP **JACKSONVILLE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Karen Rosenstrom**
1.3 STREET ADDRESS **8737 Baymeadows Rd.**
1.4 CITY - ST - ZIP **Jacksonville, FL 32256**

TITLE **VD** ☐ DELETE
NAME **MONTPETIT, DENISE**
STREET ADDRESS **245 WATER STREET**
CITY - ST - ZIP **JACKSONVILLE FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Julie Williams**
2.3 STREET ADDRESS **4700 Salisbury Rd.**
2.4 CITY - ST - ZIP **Jacksonville, FL 32256**

TITLE **VD** ☐ DELETE
NAME **SMITH, SHIRLEY**
STREET ADDRESS **4670 SALISBURY RD.**
CITY - ST - ZIP **JACKSONVILLE FL**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **Karen Townsend**
3.3 STREET ADDRESS **1 Ocean Blvd.**
3.4 CITY - ST - ZIP **Atlantic Beach, FL 32233**

TITLE **VD** ☐ DELETE
NAME **TOY, WES**
STREET ADDRESS **607 PONTE VEDRA BLVD.**
CITY - ST - ZIP **PONTE VEDRA BEACH FL**

4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME **Evelyn Varquez**
4.3 STREET ADDRESS **1 Iberia Street**
4.4 CITY - ST - ZIP **St. Augustine, FL 32084**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **Karen D. Rosenstrom**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)