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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 32255P.O. BOX 551175
JACKSONVILLE FL 32255-11753. Date Incorporated or Qualified
05/04/19923a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3134474

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENSTROM, KAREN
HOMEWOOD SUITE HOTEL
8737 BAYMEADOWS ROAD
JACKSONVILLE FL 32258

81 Name

Julie Williams

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

Club Hotel By Doubletree

83

4700 Salisbury 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ROSENSTROM, KAREN
STREET ADDRESS 8737 BAYMEADOWS ROAD
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Williams Julie
1.3 STREET ADDRESS 4700 Salisbury Rd.
1.4 CITY-ST-ZIP Jacksonville, FL 32256TITLE VD ☐ DELETE
NAME WILLIAMS, JULIE
STREET ADDRESS 4700 SALISBURY ROAD
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Gregg, Jay
2.3 STREET ADDRESS 3 Independent Dr.
2.4 CITY-ST-ZIP Jacksonville, FL 32202TITLE VD ☐ DELETE
NAME TOWNSEND, KAREN
STREET ADDRESS 1 OCEAN BLVD
CITY-ST-ZIP ATLANTIC BEACH FL3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME Phelps, Pam
3.3 STREET ADDRESS 9300 Baymeadows Rd.
3.4 CITY-ST-ZIP Jacksonville, FL 32256TITLE VD ☐ DELETE
NAME VAZQUEZ, EVELYN
STREET ADDRESS 1 RIBERIA STREET
CITY-ST-ZIP ST. AUGUSTINE FL4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME Knott, Don
4.3 STREET ADDRESS 4083 Sunbeam Ed. #1122
4.4 CITY-ST-ZIP Jacksonville, FL 32257TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie Williams

Date

4/11/97

Daytime Phone # 0008785

(904) 281-9700

CP2E037 (9/96)