

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 01 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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 32255

P.O. BOX 551175
JACKSONVILLE FL 32255



3. Date Incorporated or Qualified

05/04/1992

4. FEI Number

59-3134474

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JULIE
CLUB HOTEL BY DOUBLETREE
4700 SALISBURY RD
JACKSONVILLE FL 32256

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

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

(NOTE: Registered Agent signature required when reinstating)

4/23/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILLIAMS, JULIE
STREET ADDRESS 4700 BALISBURY RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD
NAME GREGG, JAY
STREET ADDRESS 3 INDEPENDENT DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD
NAME PHELPS, PAM
STREET ADDRESS 8300 BAYMEADOWS RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD
NAME KNOTT, DON
STREET ADDRESS 4083 SUNBEAM RD, 1122
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE President
1.2 NAME JULIE GREGG
1.3 STREET ADDRESS 4700 BELFORT RD
1.4 CITY-ST-ZIP JACKSONVILLE FL 32256 D

2.1 TITLE VP of Education
2.2 NAME Jack Booth
2.3 STREET ADDRESS 12000 Beach Blvd
2.4 CITY-ST-ZIP Jacksonville FL 32246 T

3.1 TITLE VP of Finance
3.2 NAME Pam Phelps
3.3 STREET ADDRESS 9300 Baymeadows Rd
3.4 CITY-ST-ZIP Jacksonville FL 32256 T

4.1 TITLE VP of Membership
4.2 NAME Janice Daily
4.3 STREET ADDRESS 245 Water St
4.4 CITY-ST-ZIP Jacksonville FL 32202 T

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

6.1 TITLE
6.2 NAME
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.

SIGNATURE

4/24/98 904-296-7785

CR2E037 (10/97)