


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90014 004 ****61.25

DOCUMENT # N48715					
1. Entity Name HOSPITALITY SALES & MARKETING ASSOCIATION INTERNATIONAL, NORTH FLORIDA CHAPTER INC.					
Principal Place of Business P.O. BOX 551175 JACKSONVILLE FL 32255			Mailing Address P.O. BOX 551175 JACKSONVILLE FL 32255		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3134474	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIPPEL KASSEL, KRISTINE 1201 RIVERPLACE BLVD JACKSONVILLE FL 32207			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKINSON, LISA		NAME		
STREET ADDRESS	PO BOX 551175		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32255		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GASTON, JULIE		NAME		
STREET ADDRESS	ONE OCEAN BLVE.		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL 32082		CITY-ST-ZIP		
TITLE	DIPPEL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KASSEL, KRISTINE		NAME		
STREET ADDRESS	1201 RIVERPLACE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANG, MARGY		NAME		
STREET ADDRESS	PO BOX 24570		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32241		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Dawn Crosby		NAME		
STREET ADDRESS	9745 Gate Parkway N.		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32246		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Luis Sanchez		NAME		
STREET ADDRESS	513 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kristine Dippe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04 *904-396-8843*

Date Daytime Phone #