


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90071 044 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3134474 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DIPPEL, KRISTINE 1201 RIVERPLACE BLVD JACKSONVILLE FL 32207 <i>PGA Tour Blvd.</i> <i>Ponte Vedra Beach, FL</i> <i>32082</i>	
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 <u><i>Kristine Dippel</i></u> <u>3/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD GASTON, JULIE ONE OCEAN BLVE. ATLANTIC BEACH FL 32082	<input checked="" type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Denise Brilli 500 S. Legacy Trail St. Augustine FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIPPEL, KRISTINE 1201 RIVERPLACE BLVD. <i>1000 PGA Tour Blvd.</i> JACKSONVILLE FL 32207 <i>Ponte Vedra Beach 32082</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANG, MARGY PO BOX 24570 JACKSONVILLE FL 32241	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROSBY, DAWN 9745 GATE PARKWAY N JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, LUIS 513 SUNSET DR. PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 Dippel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05

Date

Daytime Phone #