
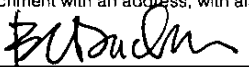


FILED
Apr 16, 2008 8:00 am
Secretary of State

60024755

DOCUMENT # N48715						Secretary of State 04-16-2008 90034 022 ****61.25	
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 - No P.O. Box #		3. Mailing Address		04142008 Chg-NP CR2E037 (12/06)		60024755	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3134474		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KURYCKI, KATIE 550 WATER ST. STE 1000 JACKSONVILLE, FL 32202				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) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2008		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	T KURYCKI, KATIE 550 WATER ST. STE 1000 SAINT AUGUSTINE, FL 32092 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KURCZEWSKI, ANGELA 1201 RIVERPLACE BLVD JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	(M/D) Managing Director/ Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWNSEND, KAREN 550 WATER ST. STE 1000 JACKSONVILLE, FL 32202 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIERNOY, JAMES F PO BOX 24570 JACKSONVILLE, FL 32241 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(V/D) Vice Pres. / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Katie Ivey 11143 ST. JOHNS INDUSTRIAL PARKWAY N. JACKSONVILLE, FL 32246		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(T/D) Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brenna C. Dacks 7443 RED CRANE LN. JACKSONVILLE, FL 32256		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  (BRENNNA C. DACKS)				4-14-08 850-205-3870			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			