

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48715

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** HOSPITALITY SALES & MARKETING ASSOCIATION INTERNATIONAL, NORTH FLORIDA CHAPTER INC.

**Current Principal Place of Business:**

1325 FLAGSHIP CT.  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 24570  
JACKSONVILLE, FL 32241

**New Mailing Address:**

**FEI Number:** 59-3134474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KURYCKI, KATIE  
550 WATER ST.  
STE 1000  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: KURYCKI, KATIE  
Address: 550 WATER ST. STE 1000  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MD  
Name: LANG, MARGY  
Address: PO BOX 24570  
City-St-Zip: JACKSONVILLE, FL 32241

Title: P  
Name: DACKS, BRENN A  
Address: 7443 RED CRANE LANE  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARGY LANG

MD

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date