

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000005647

FILED  
May 31, 2007  
Secretary of State

**Entity Name:** MEETING PROFESSIONALS INTERNATIONAL NORTH FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

PO BOX 551076  
JACKSONVILLE, FL 322551076

**New Principal Place of Business:**

250 WILSHIRE BLVD.  
# 179  
CASSELBERRY, FL 32707

**Current Mailing Address:**

PO BOX 551076  
JACKSONVILLE, FL 322551076

**New Mailing Address:**

250 WILSHIRE BLVD., # 179  
CASSELBERRY, FL 32707

**FEI Number:** 75-2596441      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

URBAN, ANNE C  
213 ISLE WAY LANE  
PONTE VEDRA BEACH, FL 32082      US

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

MORRISON, TIM A  
250 WILSHIRE BLVD., # 179  
CASSELBERRY, FL 32707      US

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: TIM MORRISON

05/31/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PR      ( ) Delete  
Name: URBAN, ANNE C  
Address: 830-13 A1A N. #303  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VP      ( ) Delete  
Name: SANCHEZ, LUIS  
Address: P.O BOX 5551076  
City-St-Zip: JACKSONVILLE, FL 32255 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PR      (X) Change ( ) Addition  
Name: CULLEN, CAROL L  
Address: 2700 NORTH ATLANTIC AVE  
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: PE      (X) Change ( ) Addition  
Name: SCHREINER, CHERYL  
Address: 10634 CRESTON GLEN CIRCLE E  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: ED      ( ) Change (X) Addition  
Name: MORRISON, TIM  
Address: 250 WILSHIRE BLVD., # 179  
City-St-Zip: CASSELBERRY, FL 32707

Title: PP      ( ) Change (X) Addition  
Name: SANCHEZ, LUIS  
Address: 513 SUNSET DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP      ( ) Change (X) Addition  
Name: INMAN, KAREN  
Address: 6743 SOUTHPOINT DR., N  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP      ( ) Change (X) Addition  
Name: MENK, GAYLE  
Address: 601 MILLERS DAM COURT  
City-St-Zip: PONTE VERDRTA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIM MORRISON

ED

05/31/2007

Electronic Signature of Signing Officer or Director

Date