2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005647

FILED Mar 18, 2008 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:			
250 WILSHIRE BLVD. # 179				11891 MAGNOLIA FALLS DRIVE JACKSONVILLE, FL 32258			
CASSELBE	ERRY, FL 32	707					
Current Mailing Address:				New Mailing Address:			
250 WILSHIRE BLVD., # 179 CASSELBERRY, FL 32707				PO BOX 551251 JACKSONVILLE, FL 32255			
FEI Number:	75-2596441	FEI Number Applied For ()	FEI Nur	nber Not Appl	licable ()	Certificate of Status Desire	ed ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MORRISON, TIM A 250 WILSHIRE BLVD., # 179 CASSELBERRY, FL 32707 US				BAUMGARDNER, PAULA H 11891 MAGNOLIA FALLS DRIVE JACKSONVILLE, FL 32258 US			
The above in the State		submits this statement for the	e purpose o	of changing i	ts registered	l office or registered agent,	or both,
SIGNATURE: PAULA H. BAUMGARDNER						03/18/2008	
	Electro	nic Signature of Registered A	gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	CULLEN, CAR 2700 NORTH) Delete OL L ATLANTIC AVE ACH, FL 32118 US		Title: Name: Address: City-St-Zip:	1	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHREINER, 10634 CREST) Delete CHERYL ON GLEN CIRCLE E LE, FL 32256 US		Title: Name: Address: City-St-Zip:	,	() Change () Addition	
Title: Name: Address: City-St-Zip:	MORRISON, T	E BLVD., # 179		Title: Name: Address: City-St-Zip:	SANCHEZ, L 513 SUNSET		
Title: Name: Address: City-St-Zip:	SANCHEZ, LU 513 SUNSET I			Title: Name: Address: City-St-Zip:	MENK, GAYL 601 MILLER	(X) Change ()Addition LE DAM COURT RA BEACH, FL 32082	
Title: Name: Address: City-St-Zip:	VP () INMAN, KAREI 6743 SOUTHF JACKSONVILL	POINT DR., N		Title: Name: Address: City-St-Zip:	1	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MENK, GAYLE 601 MILLERS			Title: Name: Address: City-St-Zip:		()Change ()Addition	

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: CAROL CULLEN PR 03/18/2008