2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N95000005647

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

Current Principal Place of Business:

11891 MAGNOLIA FALLS DRIVE
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

PO BOX 551251
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 75-2596441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUMGARDNER, PAULA H
11891 MAGNOLIA FALLS DRIVE
JACKSONVILLE, FL 32258 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: PR ( ) Delete
Name: CULLEN, CAROL L
Address: 2700 NORTH ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118 US

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

Title: PP ( ) Delete
Name: SANCHEZ, LUIS
Address: 513 SUNSET DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete
Name: MENK, GAYLE
Address: 601 MILLER DAM COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PE (X) Change ( ) Addition
Name: JACKSON-MENK, GAYLE
Address: 601 MILLER DAM COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: PP (X) Change ( ) Addition
Name: CULLEN, CAROL
Address: 100 N ATLANTIC AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VP (X) Change ( ) Addition
Name: YOUNG, SABRINA
Address: 10367 MIDTOWN PARKWAY
City-St-Zip: JACKSONVILLE, FL 32246

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: PAULA BAUMGARDNER RA 03/17/2009

Electronic Signature of Signing Officer or Director — Date