

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005647

FILED
Jan 14, 2011
Secretary of State

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:

250 WILSHIRE BLVD.
SUITE 179
CASSELBERRY, FL 32707

Current Mailing Address:

PO BOX 551251
JACKSONVILLE, FL 32255

New Mailing Address:

250 WILSHIRE BLVD
SUITE 179
CASSELBERRY, FL 32707

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:

MORRISON, TIM A
250 WILSHIRE BLVD.
SUITE 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

01/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: YOUNG, SABRINA
Address: 10367 MIDTOWN PARKWAY
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: IPP
Name: JACKSON-MENK, GAYLE
Address: 601 MILLER DAM COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VP
Name: WORRELL, THOMAS J
Address: 6206 BENJAMIN ROAD, SUITE 310
City-St-Zip: TAMPA, FL 33634 US

Title: ED
Name: MORRISON, TIM A
Address: 250 WILSHIRE BLVD., SUITE 179
City-St-Zip: CASSELBERRY, FL 32707

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: TIM MORRISON

ED

01/14/2011

Electronic Signature of Signing Officer or Director

Date