ANNUAL REPORT

2008 NOT-FOR-PROFIT CORPORATION

Feb 18, 2008 8:00 am Secretary of State DOCUMENT # N98000001649 02-18-2008 90014 050 ****61.25 THE SOCIETY OF INCENTIVE & TRAVEL EXECUTIVES, SOUTH FLORIDA CHAPTER. INC. Principal Place of Business Mailing Address 7154 N UNIVERSITY DRIVE 7154 N UNIVERSITY DRIVE SUITE 299 SUITE 299 TAMARAC, FL 33321 TAMARAC, FL 33321 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Cha-NP CR2E037 (12/06) 4. FEI Number 65-0820564 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILVERMAN, LAURA Street Address (P.O. Box Number is Not Acceptable) 7154 N UNIVERSITY DRIVE **SUITE 299** TAMARAC, FL 33321 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE \$ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change TITLE TITLE Delete MULLER, FREDDY NAME NAME 7154 N. UNIVERSITY DRIVE; #299 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE GONZALEZ, MICHELLE NAME NAME 35 OCEAN REEF DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO, FL 33037 ☐ Delete TITLE president ☐ Change X Addition TITLE NAME NAME Jarry Jones STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE 8390 Chai ☐ Addition Delete TITLE NAME NAME # 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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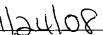
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