2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90093 035 ****61.25

DOCUMENT # N41988

1. Entity Name
NORTH FLORIDA DX ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11432 LOWNDESBORO DRIVE JACKSONVILLE FL 32223-1376	11432 LOWNDESBORO DRIVE JACKSONVILLE FL 32223-1376

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6716 DIANE RD	6716 DIANE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32277-2504 Country: U.S.A.	Zip: 32277-2504 Country: U.S.A.

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, JAMES L
11432 LOWNDESBORO DRIVE
JACKSONVILLE FL 32223-1376

7. Name and Address of New Registered Agent

Name: MICHAEL PARNIN
Street Address (P.O. Box Number is Not Acceptable): 6716 DIANE ROAD
City: JACKSONVILLE FL Zip Code: 32277-2504

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: Michael Parnin MARCH 20, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DICKERSON, BEN 1421 S WATER STREET STARKE FL 32091-4508	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DICKERSON, BEN 1421 S WATER STREET STARKE, FL 32091-4508	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD IORI, JAMES 814 BASSWOOD COURT ORANGE PARK FL 32065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLAKE, RON 258 WESLEY ROAD GREEN COVE SPRINGS FL 32043-9571	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HICKS, RICHARD 7002 DEAUVILLE ROAD JACKSONVILLE, FL 32205	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PARNIN, MICHAEL 6716 DIANE ROAD JACKSONVILLE FL 32277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Michael Parnin SIGNATURE REQUIRED MICHAEL PARNIN MARCH 20, 2003 904 7442292
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number