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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000852 (4)

1. Corporation Name

MID-FLORIDA OFFICIALS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

540 SE 40TH TER
OCALA FL 34471-3138
US

540 SE 40TH TER
OCALA FL 34471-3138
US

3. Date Incorporated or Qualified 03/05/1993
3a. Date of Last Report 06/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

4. FEI Number 59-3144325

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWEN, WILLIAM F JR.
540 SE 40TH TER
OCALA FL 34471

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

William F. Bowen Jr.

WILLIAM F. BOWEN JR., TREASURER

4/30/97

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME BOWEN, WILLIAM F JR.
STREET ADDRESS 540 SE 40TH TER
CITY-ST-ZIP Ocala FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME MESSER, RALPH W
STREET ADDRESS 4709 NE 21ST CT
CITY-ST-ZIP Ocala FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP
NAME HUNTER, J. W
STREET ADDRESS 2321 NE 11TH AVE.
CITY-ST-ZIP Ocala FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P
NAME DIXON, DONALD L
STREET ADDRESS 10715 SW 24TH AVE
CITY-ST-ZIP GAINESVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME VAN AUKER, DICK
STREET ADDRESS 1918 NE 9TH STREET
CITY-ST-ZIP Ocala FL 34470

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME ZANT, DOUGLAS
STREET ADDRESS 1931 NW 35TH STREET
CITY-ST-ZIP GAINESVILLE FL 32605

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *William F. Bowen Jr.* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (352) 732-4200

Date Daytime Phone # 00000000

CR2E037 (9/96)