

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N93000000852**

Corporation Name
MID-FLORIDA OFFICIALS ASSOCIATION, INC.

Principal Place of Business
**40 SE 40TH TER
 OCALA FL 34471-3138
 US**

Mailing Address
**540 SE 40TH TER
 OCALA FL 34471-3138
 US**



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26		03/05/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		59-3144325	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
25		29		30	
				\$5.00 May Be Added to Fees	

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			

I, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME	BOWEN, WILLIAM F JR.	1.2 NAME	
REET ADDRESS	540 SE 40TH TER	1.3 STREET ADDRESS	HOLT, ARTHUR F, JR
Y-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	8801 VILLAGE GREEN BLVD
LE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	ROBINSON, MARILYN	2.2 NAME	
REET ADDRESS	5854 SE ROBINSON RD.	2.3 STREET ADDRESS	
Y-ST-ZIP	BELLEVIEW FL	2.4 CITY-ST-ZIP	
LE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	HUNTER, J. W	3.2 NAME	
REET ADDRESS	5511 NE 20TH AVE.	3.3 STREET ADDRESS	
Y-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
LE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	COPPOCK, MARIO A.	4.2 NAME	
REET ADDRESS	1260 W. LONG ST.	4.3 STREET ADDRESS	
Y-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	VAN AUKER, DICK	5.2 NAME	
REET ADDRESS	1918 NE 9TH STREET	5.3 STREET ADDRESS	
Y-ST-ZIP	OCALA FL 34470	5.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	ZANT, DOUGLAS	6.2 NAME	
REET ADDRESS	1931 NW 35TH STREET	6.3 STREET ADDRESS	
Y-ST-ZIP	GAINESVILLE FL 32605	6.4 CITY-ST-ZIP	

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 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 if changed, or of an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **9/5/99** DAYTIME PHONE #: **352-481-3801**

CR2E037 (11/98)