

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000000852

1. Entity Name
 MID-FLORIDA OFFICIALS ASSOCIATION, INC.



Principal Place of Business
 5511 N.E. 20TH AVE.
 OCALA, FL 34479 US

Mailing Address
 5511 N.E. 20TH AVE.
 OCALA, FL 34479 US



03242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3144325

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNTER, WAYNE
 5511 N.E. 20TH AVE.
 OCALA, FL 34479

DO NOT WRITE IN THIS SPACE

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE: TD
 NAME: HUNTER, WAYNE
 STREET ADDRESS: 5511 N.E. 20TH AVE.
 CITY - ST - ZIP: OCALA, FL 34479

TITLE: SD
 NAME: ROBINSON, MARILYN
 STREET ADDRESS: 5854 SE ROBINSON RD.
 CITY - ST - ZIP: BELLEVIEW, FL

TITLE: PD
 NAME: HOLT, ARTHUR F JR
 STREET ADDRESS: 8801 VILLAGE GREEN BLVD.
 CITY - ST - ZIP: CLERMONT, FL 34711

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

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 03/29/04-80047-016 61.25

DO NOT WRITE IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04

Date

352-629-1119

Daytime Phone #