


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 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
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04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3144325	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HUNTER, WAYNE 5511 N.E. 20TH AVE. OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RIEDY, MARK 1128 NW 36TH TERR GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOLT, ARTHUR F JR 8801 VILLAGE GREEN BLVD. 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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 05/06/06-80048-013 70.00

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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.

SIGNATURE: Wayne Hunter **4/24/06** **352-628-1119**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #