

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 19, 2006
Secretary of State**

DOCUMENT# N93000000852

Entity Name: MID-FLORIDA OFFICIALS ASSOCIATION, INC.**Current Principal Place of Business:**5511 N.E. 20TH AVE.
OCALA, FL 34479 US**New Principal Place of Business:**3419 SE 41ST PLACE
OCALA, FL 34480 US**Current Mailing Address:**5511 N.E. 20TH AVE.
OCALA, FL 34479 US**New Mailing Address:**3419 SE 41ST PLACE
OCALA, FL 34480 US

FEI Number: 59-3144325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HUNTER, WAYNE
5511 N.E. 20TH AVE.
OCALA, FL 34479 US**Name and Address of New Registered Agent:**POLE, JEFFREY
3419 SE 41ST PLACE
OCALA, FL 34480 US

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.

SIGNATURE: JEFFREY POLE

07/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: TD () Delete
Name: HUNTER, WAYNE
Address: 5511 N.E. 20TH AVE.
City-St-Zip: Ocala, FL 34479 USTitle: SD () Delete
Name: RIEDY, MARK
Address: 1128 NW 36TH TERR
City-St-Zip: GAINESVILLE, FL 32605 USTitle: PD () Delete
Name: HOLT, ARTHUR F JR
Address: 8801 VILLAGE GREEN BLVD.
City-St-Zip: CLERMONT, FL 34711**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: TD (X) Change () Addition
Name: POLE, JEFFREY
Address: 3419 SE 41ST PLACE
City-St-Zip: Ocala, FL 34480 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY POLE

TD

07/19/2006

Electronic Signature of Signing Officer or Director

Date