

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 29, 2007
Secretary of State**

DOCUMENT# N93000000852

Entity Name: MID-FLORIDA OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

3419 SE 41ST PLACE
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

3419 SE 41ST PLACE
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 59-3144325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLE, JEFFREY
3419 SE 41ST PLACE
OCALA, FL 34480 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: POLE, JEFFREY
Address: 3419 SE 41ST PLACE
City-St-Zip: Ocala, FL 34480 US

Title: SD () Delete
Name: RIEDY, MARK
Address: 1128 NW 36TH TERR
City-St-Zip: GAINESVILLE, FL 32605 US

Title: 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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

01/29/2007

Electronic Signature of Signing Officer or Director

Date