


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000003303**

1. Entity Name  
 NORTH FLORIDA JOINT TRAINING ASSOCIATION, INC.



Principal Place of Business 489 STEVENS STREET JACKSONVILLE, FL 32254	Mailing Address 489 STEVENS STREET JACKSONVILLE, FL 32254
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**DO NOT WRITE IN THIS SPACE**



03052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3753457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

SUGARMAN, ROBERT A  
 2801 PONCE DE LEON BLVD STE 750  
 CORAL GABLES, FL 33134

**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, 2008**

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	PD SMITH, HOWARD 9655 FL MINING BLVD W BLDG 500 STE #504 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TURK, LARRY 3647 GILMORE ST JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD THOMAS, JERRY M 489 STEVENS ST. JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RICHARDSON, GEORGE 6535 TRADE CENTER DR JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/26/08-80090-007 61-25

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:** Jerry M. Thomas JERRY M. THOMAS 3/5/08 (904) 781-2112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #