

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003303

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: NORTH FLORIDA JOINT TRAINING ASSOCIATION, INC.

**Current Principal Place of Business:**

489 STEVENS STREET  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

489 STEVENS STREET  
JACKSONVILLE, FL 32254

**New Mailing Address:**

FEI Number: 59-3753457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUGARMAN, ROBERT A  
2801 PONCE DE LEON BLVD STE 750  
CORAL GABLES, FL 33134 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: PD ( ) Delete  
Name: SMITH, HOWARD  
Address: 9655 FL MINING BLVD W BLDG 500 STE #504  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP ( ) Delete  
Name: TURK, LARRY  
Address: 3647 GILMORE ST  
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD ( ) Delete  
Name: THOMAS, JERRY M  
Address: 489 STEVENS ST.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: TD ( ) Delete  
Name: RICHARDSON, GEORGE  
Address: 6535 TRADE CENTER DR  
City-St-Zip: JACKSONVILLE, FL 32254

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: NOLAN, JAMES  
Address: 4951 RICHARD ST.  
City-St-Zip: JACKSONVILLE, FL 32207

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 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: JERRY M. THOMAS

SD

02/27/2009

Electronic Signature of Signing Officer or Director

Date