2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N00000000153

Entity Name: NORTH CENTRAL FLORIDA UMPIRES ASSOCIATION, INC.

Current Principal Place of Business:

23292 N.W. 199TH LANE
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2154
HIGH SPRINGS, FL 326552154

New Mailing Address:

P.O. BOX 2154
HIGH SPRINGS, FL 326552154 US

FEI Number: 59-3618800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
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: BUCKNER, BENJAMIN A
Address: 23292 N.W. 199TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VD ( ) Delete
Name: PARHAM, RAYMOND F
Address: 23292 NW 199TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D ( ) Delete
Name: BUCKNER, PAUL A
Address: 23292 N.W. 199TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: S ( ) Delete
Name: LEE, MARTIN
Address: 23292 NW 199TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T ( ) Delete
Name: HODGES, BOBBY T
Address: 23292 N.W. 199TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

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:

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

Title: T (X) Change ( ) Addition
Name: MALPHURS, CHRISTOPHER
Address: 23292 N.W. 199TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

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: PAUL A. BUCKNER D 04/30/2007

Electronic Signature of Signing Officer or Director — Date