

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

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000000153

1. Entity Name
**NORTH CENTRAL FLORIDA UMPIRES ASSOCIATION,
INC.**



Principal Place of Business

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

Mailing Address

**P.O. BOX 2154
HIGH SPRINGS, FL 32655-2154 US**



04152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3618800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000904300
05/01/08-80007-010 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BUCKNER, BENJAMIN A
STREET ADDRESS 23292 N.W. 199TH LANE
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE VD
NAME PARHAM, RAYMOND F
STREET ADDRESS 23292 NW 199TH LANE
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE D
NAME BUCKNER, PAUL A
STREET ADDRESS 23292 N.W. 199TH LANE
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE S
NAME LEE, MARTIN
STREET ADDRESS 23292 NW 199TH LANE
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE T
NAME MALPHURS, CHRISTOPHER
STREET ADDRESS 23292 N.W. 199TH LANE
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Chris Malphurs