

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000153

FILED  
Apr 15, 2009  
Secretary of State

**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 US

**New Mailing Address:**

**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:**

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

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: BENJAMIN A. BUCKNER

04/15/2009

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: MALPHURS, CHRISTOPHER  
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: VD (X) Change ( ) Addition  
Name: BUCKNER, PAUL A  
Address: 23292 NW 199TH LANE  
City-St-Zip: HIGH SPRINGS, FL 32643

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

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

Title: T (X) Change ( ) Addition  
Name: SELOVER, MICHAEL  
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: BENJAMIN A. BUCKNER

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date