2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2011
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 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:

BUCKNER, BENJAMIN A
23292 N.W. 199TH LANE
HIGH SPRINGS, FL 32643 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
Name: BUCKNER, BENJAMIN A
Address: 23292 N.W. 199TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VD
Name: BUCKNER, PAUL A
Address: 23292 NW 199TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D
Name: POMPILI, BRIAN
Address: 23292 N.W. 199TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

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

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

I hereby 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 all other like empowered.

SIGNATURE: BENJAMIN A. BUCKNER PD 04/07/2011

Electronic Signature of Signing Officer or Director Date