


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # N00000007746</b> 1. Entity Name FLORIDA NORML, INC.					
Principal Place of Business 703 NORTH MAIN STREET SUITE A GAINESVILLE FL 32601			Mailing Address 703 NORTH MAIN STREET SUITE A GAINESVILLE FL 32601		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3750773</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MELDON, JEFFREY L 703 NORTH MAIN STREET SUITE A GAINESVILLE FL 32601			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELDON, JEFFREY		NAME	U00000316626 04/19/05-80083-002 61.25	
STREET ADDRESS	P.O.BOX 65		STREET ADDRESS		
CITY- ST- ZIP	GAINESVILLE FL 32602		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNAGE, ALLAN		NAME		
STREET ADDRESS	P.O.BOX 1050		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE FL 32302		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'CONNER, KIM		NAME		
STREET ADDRESS	P.O. BOX 20332		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE FL 32316		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEASE, ANDREW		NAME		
STREET ADDRESS	590 MELAALEUCA LN		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33137		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADFORD, RICHARD		NAME		
STREET ADDRESS	1807 DAX CT		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE FL 32308		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TINER, MIKE		NAME		
STREET ADDRESS	3228 VISHAAL DR		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL 32817		CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-05 352-378-8000