

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000007746

1. Entity Name
FLORIDA NORML, INC.



FILED

2006 SEP 27 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

09252006

Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3750773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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)

100080231664
09/27/06--01056--005 **70.00

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Delete
NAME MELDON, JEFFREY
STREET ADDRESS P.O. BOX 65
CITY-ST-ZIP GAINESVILLE, FL 32602

TITLE P/D ☐ Change ☒ Addition
NAME Kurt Donley
STREET ADDRESS 309 Overbrook St. W.
CITY-ST-ZIP Belleair Bluffs, FL 33770

TITLE PD ☒ Delete
NAME TURNAGE, ALLAN
STREET ADDRESS P.O. BOX 1050
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE V/D ☐ Change ☒ Addition
NAME Corinne Bowes
STREET ADDRESS 4 Heather Trace Drive
CITY-ST-ZIP Boynton Beach, FL 33436

TITLE T ☒ Delete
NAME O'CONNER, KIM
STREET ADDRESS P.O. BOX 20332
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE S/D ☐ Change ☒ Addition
NAME Kevin Ross Corley
STREET ADDRESS 109 First Ave., SE
CITY-ST-ZIP Lutz, FL 33549

TITLE TD ☒ Delete
NAME LEASE, ANDREW
STREET ADDRESS 590 MELAALEUCA LN
CITY-ST-ZIP MIAMI, FL 33137

TITLE T/D ☐ Change ☒ Addition
NAME Leigh Anne Dzuik
STREET ADDRESS 109 First Ave., SE
CITY-ST-ZIP Lutz, FL 33549

TITLE S ☒ Delete
NAME BRADFORD, RICHARD
STREET ADDRESS 1807 DAX CT
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Change ☒ Addition
NAME Michael Phelps
STREET ADDRESS 897 NW 84th Lane
CITY-ST-ZIP Coral Springs, FL 33071

TITLE D ☒ Delete
NAME TINER, MIKE
STREET ADDRESS 3228 VISHAAL DR
CITY-ST-ZIP ORLANDO, FL 32817

TITLE D ☐ Change ☒ Addition
NAME Betty Jo Woolever
STREET ADDRESS 832 Second Ave., NW
CITY-ST-ZIP Largo, FL 33770

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, without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/26/06

352
373 8000