

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003303

FILED
Feb 27, 2009
Secretary of State

Entity Name: NORTH FLORIDA JOINT TRAINING ASSOCIATION, INC.

Current Principal Place of Business:

489 STEVENS STREET
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

489 STEVENS STREET
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3753457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUGARMAN, ROBERT A
2801 PONCE DE LEON BLVD STE 750
CORAL GABLES, FL 33134 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 () Delete
Name: SMITH, HOWARD
Address: 9655 FL MINING BLVD W BLDG 500 STE #504
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: TURK, LARRY
Address: 3647 GILMORE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD () Delete
Name: THOMAS, JERRY M
Address: 489 STEVENS ST.
City-St-Zip: JACKSONVILLE, FL 32254

Title: TD () Delete
Name: RICHARDSON, GEORGE
Address: 6535 TRADE CENTER DR
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NOLAN, JAMES
Address: 4951 RICHARD ST.
City-St-Zip: JACKSONVILLE, FL 32207

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

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

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

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: JERRY M. THOMAS

SD

02/27/2009

Electronic Signature of Signing Officer or Director

Date