

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009241

FILED
May 05, 2007
Secretary of State

Entity Name: NORTH FLORIDA RAMS, INC

Current Principal Place of Business:

2586 BROWARD RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

10982 DARLINGTON OAK CT
JACKSONVILLE, FL 32218

Current Mailing Address:

2586 BROWARD RD
JACKSONVILLE, FL 32218

New Mailing Address:

10982 DARLINGTON OAK CT
JACKSONVILLE, FL 32218

FEI Number: 01-0792560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, TOMMIE JR
2586 BROWARD RD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

JOHNSON, TOMMIE B III
10982 DARLINGTON OAK CT
JACKSONVILLE, FL 32218 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: TOMMIE B JOHNSON III

05/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, TOMMIE JR
Address: 2586 BROWARD RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: BARBARA, JOHNSON
Address: 2586 BROWARD RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: TOMMIE B., JOHNSON
Address: 2586 BROWARD RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: GM (X) Delete
Name: JOHNSON, TOMMIE III
Address: 2586 BROWARD RD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, TOMMIE III
Address: 10982 DARLINGTON OAK CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP (X) Change () Addition
Name: APRIL, JOHNSON
Address: 10982 DARLINGTON OAK CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: GM (X) Change () Addition
Name: JORDAN, JOHNSON
Address: 10982 DARLINGTON OAK CT
City-St-Zip: JACKSONVILLE, FL 32218

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: TOMMIE B JOHNSON III

P

05/05/2007

Electronic Signature of Signing Officer or Director

Date