

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90009 023 ****61.25

DOCUMENT # N04870 ✓

1. Corporation Name

NORTH BREVARD OFFICIALS ASSOCIATION, INC.

Principal Place of Business

RAUB, DAVID C.
4387 PONDAPPLE DRIVE
TITUSVILLE FL 32796
US

Mailing Address

RAUB, DAVID C.
4387 PONDAPPLE DRIVE
TITUSVILLE FL 32796
US

6 606640-90009-23



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 1560 Quill Court

23 City & State
Titusville FL

24 Zip Country
32796 US

2a. Mailing Address

26 Suite, Apt. #, etc.
27 1560 Quill Court

28 City & State
Titusville FL

29 Zip Country
32796 US

3. Date Incorporated or Qualified

08/27/1984

4. FEI Number

59-2421721

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RAUB, DAVID
RAUB, DAVID C.
4387 PONDAPPLE DRIVE
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RAUB, DAVID C.
STREET ADDRESS 4387 PONDAPPLE DRIVE
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE SD
NAME FEE, RONALD
STREET ADDRESS 3305 DARYL TERRACE
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE VPD
NAME ALLEN, NOLAN I.
STREET ADDRESS 2921 TELKA LYNN DRIVE
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SD
2.2 NAME SANDI FEE
2.3 STREET ADDRESS 3305 DARYL TERRACE
2.4 CITY-ST-ZIP Titusville FL 32796

3.1 TITLE VPD
3.2 NAME Rick Clark
3.3 STREET ADDRESS 1065 N. CARPENTER RD
3.4 CITY-ST-ZIP Titusville FL 32796

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

8/10/99 401 861-7853

Date

Daytime Phone #

CR2E037 (5/99)