
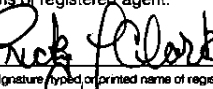



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Feb 11, 2004 8:00 am
Secretary of State

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DOCUMENT # N04870						Secretary of State	
1. Entity Name NORTH BREVARD OFFICIALS ASSOCIATION, INC.						02-11-2004 90022 015 ****61.25	
Principal Place of Business 1065 N. CARPENTER ROAD TITUSVILLE, FL 32796 US				Mailing Address 1065 N. CARPENTER ROAD TITUSVILLE, FL 32796 US			
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 59-2421721				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CLARK, RICKY L 1065 N CARPENTER ROAD TITUSVILLE, FL 32796				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  Ricky L. CLARK President				DATE 2-8-04			
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, RICKY			NAME			
STREET ADDRESS	1065 N CARPENTER RD			STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GORMAN, PAT			NAME	CRIZZER KENNEDY		
STREET ADDRESS	1556 QUAIL COURT			STREET ADDRESS	600 HANOVER DR		
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP	TITUSVILLE, FL 32780		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, GAIL			NAME			
STREET ADDRESS	1065 N CARPENTER RD			STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:  Ricky L. CLARK				DATE 2-9-04 321-861-6260			