2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04870

1. Entity Name

NORTH BREVARD OFFICIALS ASSOCIATION, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90016 026 ****61.25

Principal Place of Business 065 N. CARPENTER ROAD ITUSVILLE FL 32796 IS		Mailing Address 1065 N. CARPENTER ROAD TITUSVILLE FL 32796 US			THE HEALTH THE THE TABLE THE THE THE THE THE THE THE THE THE TH			
2. Principal P	ace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2421721		Applied For Not Applicable	
Zip Country		Zip Cor		try	5. Certificate of Status Desired Fee		\$8.75 Add Fee Required	
	6~ Name and Address of Curren	t Registered Agent		Name	- 7Name and Addre	ss of New Registered	Agent	-
CLARK, R	ICKÝ I	•	j		(P.O. Box Number is Not Acceptable)			
1065 N C	arpenter road			JIIGGI AGGICSS				
TITUSVILL	E FL 32796						Zip Code	
				City		Fl	-	
	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age			Agent signature require		DATE		
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	o Fees Florida Department of State		
10.	OFFICERS AND D		11.		ADDITIONS/CHANGE	S TO OFFICERS AND D		
TITLE NAME STREET ADORESS CITY-ST-ZIP	PD Clark, Ricky 1065 N Carpenter RD Titusville FL 32796	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZiP			Change	Addition
TITLE NAME	VPD GORMAN, PAT	☐ Delete	TITLE NAME			-	☐ Change	☐ Addition
STREET ADDRESS	1556 QUAIL COURT		STREET	T ADDRESS				
TITLE NAME STREET ADDRESS	TITUSVILLE FL 32796 SD CLARK, GAIL 1065 N CARPENTER RD	☐ Delete	TITLE NAME STREE	T ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP	TITUSVILLE FL 32796		CITY-:	ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY ST. 718		☐ Deletc		T ADDRESS ST-ZIP			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE		-		☐ Change	☐ Addition
		51 41 5 612 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Contino 110 07(3)(i) Flor	rida Statutan I further o	ortify that the i	oformation

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:

1-6-03

(321) 861-6260