

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90038 024 \*\*\*\*61.25

|                                                                                                                                                                                                                                      |                                                                                 |                                                                                                                               |                                                                                                                          |                                                                                                        |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N06000005239</b>                                                                                                                                                                                                       |                                                                                 |                                                                                                                               |                                                                                                                          |                                                                                                        |                                                                              |
| <b>1. Entity Name</b><br>NORTH FLORIDA SPORTS TURF MANAGERS ASSOCIATION, INC.                                                                                                                                                        |                                                                                 |                                                                                                                               |                                                                                                                          |                                                                                                        |                                                                              |
| <b>Principal Place of Business</b><br>1471 CAPITAL CIRCLE NW<br>STE #13<br>TALLAHASSEE FL 32303                                                                                                                                      |                                                                                 |                                                                                                                               | <b>Mailing Address</b><br>1471 CAPITAL CIRCLE NW<br>STE #13<br>TALLAHASSEE FL 32303                                      |                                                                                                        |                                                                              |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                |                                                                                 | <b>3. Mailing Address</b>                                                                                                     |                                                                                                                          |                                                                                                        |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                  |                                                                                 | Suite, Apt. #, etc.                                                                                                           |                                                                                                                          |                                                                                                        |                                                                              |
| City & State                                                                                                                                                                                                                         |                                                                                 | City & State                                                                                                                  |                                                                                                                          | <b>4. FEI Number</b><br>20-4877727                                                                     |                                                                              |
| Zip                                                                                                                                                                                                                                  |                                                                                 | Country                                                                                                                       |                                                                                                                          | Applied For<br>Not Applicable                                                                          |                                                                              |
| Zip                                                                                                                                                                                                                                  |                                                                                 | Country                                                                                                                       |                                                                                                                          | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MASCARO, JOHN EX-D<br>1471 CAPITAL CIRCLE NW STE #13<br>TALLAHASSEE FL 32301-2525                                                                                      |                                                                                 |                                                                                                                               | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                                                        |                                                                              |
| FL                                                                                                                                                                                                                                   |                                                                                 |                                                                                                                               | Zip Code                                                                                                                 |                                                                                                        |                                                                              |
| <b>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.</b> |                                                                                 |                                                                                                                               |                                                                                                                          |                                                                                                        |                                                                              |
| <b>SIGNATURE</b>                                                                                                                                                                                                                     |                                                                                 | <b>John MASCARO</b>                                                                                                           |                                                                                                                          | <b>4/11/08</b>                                                                                         |                                                                              |
| Signature by or on behalf of registered agent and the filer (as applicable)                                                                                                                                                          |                                                                                 | (NOTE: Registered Agent signature required when changing)                                                                     |                                                                                                                          | DATE                                                                                                   |                                                                              |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2008</b>                                                                                                                                                                         |                                                                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                          | <b>Make Check Payable to</b><br><b>Florida Department of State</b>                                     |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                    |                                                                                 |                                                                                                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                             |                                                                                                        |                                                                              |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                           | <b>D</b><br>FEDEWA, NICK J<br>1 ALLTEL STADIUM PLACE<br>JACKSONVILLE FL 32202   | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                               | Treasurer<br>Fedewa, Nick J                                                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                           | <b>D</b><br>CLAY, THOMAS<br>1 ALLTEL STADIUM PLACE<br>JACKSONVILLE FL 32202     | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                               | President<br>Attalla, Ed                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                           | <b>D</b><br>ATTALLA, ED<br>301 A PHILIP RANDOLPH BLVD.<br>JACKSONVILLE FL 32202 | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                               | Vice President<br>Ronnie Griffin<br>2050 Roberts Rd<br>Jacksonville, FL 32259                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                           | <b>D</b><br>MASCARO, JOHN<br>1471 CAPITAL CIRCLE NW #13<br>TALLAHASSEE FL 32303 | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                               | Secretary<br>Tim Legare<br>6601 E. Hwy 22<br>Callaway, FL 32404                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                           | <b>D</b><br>[Blank]                                                             | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                               | [Blank]                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 another like empowered.**

**SIGNATURE:** **John MASCARO** **4/11/08** **8501580-4026**