

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009203

FILED  
Jul 31, 2009  
Secretary of State

**Entity Name:** BIG EIGHT SPECIALTY OFFICIALS ASSOCIATION, INC.

**Current Principal Place of Business:**

334 SW EXPLORER GLEN RD  
FT WHITE, FL 32038

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 35-7654  
GAINESVILLE, FL 326357654

**New Mailing Address:**

**FEI Number:** 59-3102068      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

FLOYD, SUSAN S  
234 NEAL RD  
HAWTHORNE, FL 32640 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FLEMING, LEO REV  
Address: 334 SW EXPLORER GLEN RD  
City-St-Zip: FT WHITE, FL 32038

Title: DVP ( ) Delete  
Name: MONTANYE, STANLEY  
Address: 3733 NW 55TH PLACE  
City-St-Zip: GAINESVILLE, FL 32653

Title: DS ( ) Delete  
Name: FLOYD, SUSAN  
Address: 234 NEAL RD  
City-St-Zip: HAWTHORNE, FL 32640

Title: DT ( ) Delete  
Name: PFISTER, VALERIE  
Address: 734 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete  
Name: FREEMAN, ROBYN  
Address: 1505 FT CLARKE BLVD #17-206  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: ADAMS, BARRY  
Address: 23364 NE 6TH AVE  
City-St-Zip: LAWTEY, FL 32058

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: HAMMOND, GERALD  
Address: 7500 PARADISE DRIVE  
City-St-Zip: KEYSTONE, FL 32656 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VALERIE R. PFISTER

DT

07/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date