

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010717

FILED
Jun 23, 2009
Secretary of State

Entity Name: QUINCY OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

60 DEER WOOD CIRCLE
QUINCY, FL 32352

New Principal Place of Business:

Current Mailing Address:

60 DEER WOOD CIRCLE
QUINCY, FL 32352

New Mailing Address:

FEI Number: 59-3344976 **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:

Name and Address of New Registered Agent:

SAILOR, DANTE
60 DEER WOOD CIRCLE
QUINCY, FL 32352 US

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: P () Delete
Name: SAILOR, DANTE
Address: 60 DEER WOOD CIRCLE
City-St-Zip: QUINCY, FL 32352

Title: VP () Delete
Name: EDWARDS, LARRY
Address: 917 PARK AVENUE
City-St-Zip: QUINCY, FL 32352

Title: T () Delete
Name: FEROLITO, JOSE
Address: 60 DEER WOOD CIRCLE
City-St-Zip: QUINCY, FL 32352

Title: S () Delete
Name: MOSLEY, DAVID
Address: 60 DEER WOOD CIRCLE
City-St-Zip: QUINCY, FL 32352

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DANTE SAILOR

PRES

06/23/2009

Electronic Signature of Signing Officer or Director

Date