2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State
01-18-2001 90023 007 ****61.25

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DOCUMENT # N15930

1. Entity Name

THE NATIONAL GUARD OFFICERS ASSOCIATION OF FLORI

Principal Place of Business	Mailing Address
82 MARINE STREET P.O. BOX 3446 ST. AUGUSTINE FL 32085-0446	82 MARINE STREET P.O. BOX 3446 ST. AUGUSTINE FL 32085-0446

A0006394

DO NOT WRITE IN THIS SPACE

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 59-2628455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, MENCKE & HOWARD 4655 SALISBURY ROAD SUITE #300 CLEARWATER FL 32216	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BELIVINS, DAVID P.O. BOX 1008 ST AUGUSTINE FL 32085-1008	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Donna Frantz P.O. Box 1008 St Aug. Fl 32085	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEAMANN, LAWRENCE P O BOX 3446 ST AUGUSTINE FL 32085	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. John Goldinger P.O. Box 3446 St Aug. Fl 32085	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINGHORN, JESSE 82 MARINE ST ST AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILCOX, BYRD P O BOX 3446 ST AUGUSTINE FL 32085	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAPPS, RICHARD G 82 MARINE ST ST. AUGUSTINE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Michael Fleming P.O. Box 3446 St Aug Fl 32085	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL, MARY E. POST OFFICE BOX 1716 ST. AUGUSTINE FL 32085	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #