## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N15930

FILED Apr 03, 2009 Secretary of State

Entity Name: NATIONAL GUARD ASSOCIATION OF FLORIDA. INC.

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	E STREET JSTINE, FL 32	20850446			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	E STREET JSTINE, FL 32	20850446			
FEI Number	: 59-2768590	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
JACKSON	AN JOSE BLV IVILLE, FL 32:	257 US	PIETT, HELLEN E LLC 6216 SOUTH LEWIS SUITE 128 TULSA, FL 74136 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: HELLEN E. PIETT				04/03/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	LEEKS, ARNO P.O. BOX 3440	6	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( BARNHART, D P O BOX 3446 ST AUGUSTIN	3	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GREEN, SAL 82 MARINE ST		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( STROUD, STE P.O. BOX 3440 ST. AUGUSTIN	6	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( PAUL, MARY E PO BOX 3446 ST. AUGUSTIN		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: MARY E. PAUL D 04/03/2009