

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17647 (1)**

1. Corporation Name

NORTH FLORIDA FOOTBALL OFFICIALS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

1317 ELK COURT
ORANGE PARK FL 32073
US

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ORANGE PARK FL 32073
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1986** 3a. Date of Last Report: **02/25/1994**

4. FEI Number: **59-2693139** Applied For: Not Applicable:

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NIPPER, JAMES L.
SUITE 2400, INDEPENDENT SQUARE
JACKSONVILLE FL 32244**

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **NELSON, RICKEY E.**
STREET ADDRESS: **8953 SPRING HARVEST LANE**
CITY-ST-ZIP: **JACKSONVILLE FL**

1.1 TITLE: **D.** Change Addition
1.2 NAME: **CLARENCE JAMES**
1.3 STREET ADDRESS: **4211 TIMBER LAKE DRIVE N.**
1.4 CITY-ST-ZIP: **JACKSONVILLE FL 32257**

TITLE: **D**
NAME: **BASYE, RICHARD L.**
STREET ADDRESS: **11682 MARINA DR.**
CITY-ST-ZIP: **JACKSONVILLE FL**

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

TITLE: **T**
NAME: **NICKLE, DONALD D.**
STREET ADDRESS: **1317 ELK COURT**
CITY-ST-ZIP: **JACKSONVILLE FL**

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE: **S**
NAME: **LAFONTANE, CRAIG**
STREET ADDRESS: **3607 CAMERON CROSSING DR.**
CITY-ST-ZIP: **JACKSONVILLE FL**

4.1 TITLE: **S** Change Addition
4.2 NAME: **Douglas Booker**
4.3 STREET ADDRESS: **2933 W. 4th ST.**
4.4 CITY-ST-ZIP: **JACKSONVILLE FL 32254-2420**

TITLE: **P**
NAME: **HIMEL, THOMAS N**
STREET ADDRESS: **6121 COLLINS RD., LOT 277**
CITY-ST-ZIP: **JACKSONVILLE FL**

5.1 TITLE: **P** Change Addition
5.2 NAME: **GARY ALSOP SR.**
5.3 STREET ADDRESS: **2768 CATUS DRIVE**
5.4 CITY-ST-ZIP: **ORANGE PARK FL 32065**

TITLE: **V**
NAME: **MOORE, VANCE G**
STREET ADDRESS: **1048 VREONICA ST.**
CITY-ST-ZIP: **JACKSONVILLE FL**

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Donald B. Nickle** DONALD B. NICKLE TREASURER

Date: **1-19-95** 354-3278

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