

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N17647 (1)

1. Corporation Name

NORTH FLORIDA FOOTBALL OFFICIALS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1317 ELK COURT
ORANGE PARK FL 32073
US

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ORANGE PARK FL 32073
US

3. Date Incorporated or Qualified
10/15/1986

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number
59-2693139

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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

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

8. This corporation has liability for intangible tax under s. 199.032, 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**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D JAMES, CLARENCE**
STREET ADDRESS **4211 TIMBERLAKE DR N**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D 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 ☐ DELETE
NAME **T 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 ☐ DELETE
NAME **S BOOKER, DOUGLAS**
STREET ADDRESS **2933 W 4TH ST**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **P ALSOP, GARY SR**
STREET ADDRESS **2768 CATUS DR**
CITY-ST-ZIP **ORANGE PARK FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **P VINCENT, JOHN**
5.3 STREET ADDRESS **40 ROBIN ROAD**
5.4 CITY-ST-ZIP **ORANGE PARK FL 32065**

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

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **V JOSEPH MARS H**
6.3 STREET ADDRESS **2894 GATLING BLVD.**
6.4 CITY-ST-ZIP **ORANGE PARK FL 32065**

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 the receiver 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 3-07-96** **904 354-3278**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)