

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17647** (1)

1. Corporation Name

**NORTH FLORIDA FOOTBALL OFFICIALS ASSOCIATION, INC.**



Principal Place of Business <b>VFW POST 7808 6204 BLANDING BLVD. JACKSONVILLE FL 32244 US</b>	Mailing Address <b>1317 ELK COURT 6204 BLANDING BLVD. ORANGE PARK FL 32073 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 6309 Sauterne Dr.</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28 Jacksonville, FL</b>
Zip <b>24</b>	Zip <b>29 32210</b>
Country <b>25</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>10/15/1986</b>	
4. FEI Number <b>59-2693139</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, 1998 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCGREADY, BRIAN 4361 MELROSE AVE. JACKSONVILLE FL 32210</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>ROY S. REID</b>	82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>6309 Sauterne Dr.</b>	84 City <b>Jacksonville</b>
85 Zip Code <b>FL 32210</b>	

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 Roy Reid **ROY REID (TREASURER)** DATE **4/19/98**

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

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MOPHILOMY, ANNALEE</b>	
STREET ADDRESS <b>8809 GARDEN STREET</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BASYE, RICHARD L.</b>	
STREET ADDRESS <b>7 STAR FISCH COURT</b>	
CITY-ST-ZIP <b>PONTE VEDRA BEACH FL</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>NICKLE, DONALD B.</b>	
STREET ADDRESS <b>1317 ELK COURT</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BOOKER, DOUGLAS</b>	
STREET ADDRESS <b>2833 W 4TH ST</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MCGREADY, BRIAN</b>	
STREET ADDRESS <b>1190 N. ORANGE AVE.</b>	
CITY-ST-ZIP <b>GREEN COVE SPRINGS FL</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>MARSH, JOSEPH</b>	
STREET ADDRESS <b>2894 GATLING BLVD</b>	
CITY-ST-ZIP <b>ORANGE PARK FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>DENNIS MULLENB.</b>	
1.3 STREET ADDRESS <b>2250 SANDY COURT</b>	
1.4 CITY-ST-ZIP <b>ORANGE PARK, FL 32073</b>	
2.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>TREASURER</b>	
2.3 STREET ADDRESS <b>ROY S. REID</b>	
2.4 CITY-ST-ZIP <b>6309 SAUTERNE DR. JACKSONVILLE, FL 32210</b>	
3.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>SECRETARY</b>	
3.3 STREET ADDRESS <b>DAVE MARTIN</b>	
3.4 CITY-ST-ZIP <b>3970 SOUTH Pine Breeze Rd. JACKSONVILLE, FL 32257</b>	
4.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>PRESIDENT</b>	
4.3 STREET ADDRESS <b>VANCE G. MOORE</b>	
4.4 CITY-ST-ZIP <b>1048 VERONICA ST. JACKSONVILLE, FL 32205</b>	
5.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>PRESIDENT</b>	
5.3 STREET ADDRESS <b>VANCE G. MOORE</b>	
5.4 CITY-ST-ZIP <b>1048 VERONICA ST. JACKSONVILLE, FL 32205</b>	
6.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>PRESIDENT</b>	
6.3 STREET ADDRESS <b>VANCE G. MOORE</b>	
6.4 CITY-ST-ZIP <b>1048 VERONICA ST. JACKSONVILLE, FL 32205</b>	

14. 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 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: Roy Reid **ROY REID (TREASURER)** DATE **4/19/98** (904) 366-2863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/97)