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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90068 031 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17647

1. Corporation Name

NORTH FLORIDA FOOTBALL OFFICIALS ASSOCIATION, INC.

Principal Place of Business

VFW POST 7909
6204 BLANDING BLVD.
JACKSONVILLE FL 32244
US

Mailing Address

6309 SAUTERNE DRIVE
JACKSONVILLE FL 32210
US

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2. Principal Place of Business

21 **Fleet Reserve Assoc #91**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/15/1986

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

59-2693139

Applied For
Not Applicable

23 City & State

JACKSONVILLE, FL

28 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip **32244** Country **USA**

29 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REID, ROY S.
6309 SAUTERNE DRIVE
JACKSONVILLE FL 32210

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **MULLEN, DENNIS**
STREET ADDRESS **2250 SANDY COURT**
CITY-ST-ZIP **ORANGE PARK FL 32073**

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **LISA KING**
1.3 STREET ADDRESS **2320 College St**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **D** ☐ DELETE
NAME **BASYE, RICHARD L.**
STREET ADDRESS **7 STAR FISCH COURT**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

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

TITLE **T** ☐ DELETE
NAME **REID, ROY S.**
STREET ADDRESS **63099 SAUTERNE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **S** ☐ DELETE
NAME **MARTIN, DAVE**
STREET ADDRESS **3970 SOUTH PINE BREEZE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE **P** ☐ DELETE
NAME **MOORE, VANCE G.**
STREET ADDRESS **1048 VERONICA ST**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **V** ☒ DELETE
NAME **MARSH, JOSEPH**
STREET ADDRESS **2894 GATLING BLVD**
CITY-ST-ZIP **ORANGE PARK FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **Vice President**
6.3 STREET ADDRESS **CLARENCE JAMES**
6.4 CITY-ST-ZIP **4211 TIMBER LAKE DR. N. JACKSONVILLE, FL 32257**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/99

Date

904-771-1253

Daytime Phone #

CR2E037 (11/98)