

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17647

**FILED**  
**Feb 11, 2004**  
**Secretary of State****Entity Name:** NORTH FLORIDA FOOTBALL OFFICIALS ASSOCIATION, INC.**Current Principal Place of Business:**FLEET RESERVE ASSOC #91  
JACKSONVILLE, FL 32244 US**New Principal Place of Business:****Current Mailing Address:**257 SPARROW BRANCH CIR.  
JACKSONVILLE, FL 32259 US**New Mailing Address:****FEI Number:** 59-2693139**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**REID, ROY S.  
257 SPARROW BRANCH CIR.  
JACKSONVILLE, FL 32259 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DEBORDE, TOM  
Address: 7563 WALDEN RD.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete  
Name: MCPHILOMY, ANNALIEE  
Address: 1388 ELLIS TRACE DRIVE W  
City-St-Zip: JACKSONVILLE, FL 32205

Title: T ( ) Delete  
Name: REID, ROY S.  
Address: 6309 SAUTERNE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP ( ) Delete  
Name: HICKMAN, GARY  
Address: 12334 MESA VERDE TRAIL  
City-St-Zip: JACKSONVILLE, FL 32223

Title: S ( ) Delete  
Name: BOOKER, DOUG  
Address: 2933 WEST 4TH STREET  
City-St-Zip: JACKSONVILLE, FL 32254

Title: P ( ) Delete  
Name: JAMES, CLARENCE  
Address: 4211 TIMBER LAKE DR. N  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: COLTRANE, JOHN  
Address: 2900 STATE RD A1A APT 101  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: REBERIO, RAY  
Address: 1002 BLANDING BLVD 3 403  
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROY REID

T

02/11/2004

Electronic Signature of Signing Officer or Director

Date