

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90009 017 ****61.25

DOCUMENT # 138693

1. Entity Name

DISTRICT 14 INTERGROUP/CENTRAL OFFICE, INC.



Principal Place of Business

24 SW HOLLYWOOD BLVD
SUITE 7
FT WALTON BEACH FL 32549
US

Mailing Address

P O BOX 838
FORT WALTON BEACH FL 32548



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3048303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELLEY, SID
120 MICHAEL AVE
FORT WALTON BEACH FL 32547

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SHELLEY, SID	
STREET ADDRESS	120 MICHAEL AVE	
CITY-STATE-ZIP	FORT WALTON BEACH FL 32547	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COPELAND, AARON	
STREET ADDRESS	705 SAILFISH DRIVE	
CITY-STATE-ZIP	FORT WALTON BEACH FL 32548	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SHELLEY, MARY L	
STREET ADDRESS	120 MICHAEL AVE	
CITY-STATE-ZIP	FORT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CHAIRPERSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE REAVIS	
STREET ADDRESS	356 BOUNDARY LINE RD	
CITY-STATE-ZIP	FREEPORT FL 32439-6778	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY Ann Reavis	
STREET ADDRESS	356 Boundary Line Rd	
CITY-STATE-ZIP	Freeport, FL 32439-6778	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERA MORDANT	
STREET ADDRESS	918 Rue De Palms	
CITY-STATE-ZIP	Niceville FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dave Reavis DAVE REAVIS

4/22/2008 850-609-39