## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N39880

(2)

SOUTHEAST FOOTBALL OFFICIALS ASSOCIATION, INC.

FILED								
Jan 21 1998 8:00am								
Secretary of State								

Principal Place of Business Mailing Address							
456 HARRISON AVE P O BOX 491 PANAMA CITY FL 32401 US	PO BOX 630 HWY 77 LYNN HAVEN FL 32444 US		3. Date Incorporated or Qualified  08/24/1990  4. FE! Number Applied For  59-3025075 Not Applicable				
Principal Place of Business     The Principal Place of Business	2a. Mailing Address 26		5. Certificate of Status Desired S8.75 Additional Fee Required				
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees				
City & State City & State			7. Is this nonprofit corporation a homeowners association?  Yes \( \subseteq \text{No} \)				
Zip Country <b>25</b>	29 30	ountry	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No				
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
AIARODE COOTT D		1_1	Name Street Address (P.O. Box Number is Not Acceptable)				
PANAMA CITY FL 32405		83					
			City FL 85 Zip Code				
11. Pursuant to the provisions of Sections 617.0	1502 and 617.1508, Florida Statutes, the a	above-n	named corporation submits this statement for the purpose of changing its registered				

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE _					_ s=			
Signature, typed or privided name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFF		· · · · · ·		
TITLE	PĎ	☐ DELETE	1.1 TITLE		Change	Addition		
NAME	GOODMAN, CHARLES		1.2 NAME			İ		
STREET ADDRESS	1335 Stephen Dr.		1.3 STREET ADDRESS					
City-St-Zip	Panama City FL		1.4 CITY - ST - ZIP		1 .			
TITLE	VD	☐ DELETE	2.1 TITLE		Change	Addition		
NAME	Lassiter, Jerry		2.2 NAME					
STREET ADDRESS	1710 MONTANA AVE		2.3 STREET ADDRESS					
CITY-ST-ZIP_	LYNNHAVEN FL		2. 4 CITY-ST-ZIP		<del>+-</del>			
TITLE	Š	☐ DELETE	3.1 TITLE		Change	☐ Addition		
NAME	GOODMAN, GERALD		3.2 NAME					
STREET ADDRESS	316 KILBOURN AVE.		3.3 STREET ADDRESS					
CITY-ST-ZIP	PANAMA CITY FL.		3.4. CITY-ST-ZIP					
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change	Addition		
NAME	CLERE, CHARLES		4, 2 NAME					
STREET ADDRESS	3901 W. 25TH ST.		4.3 STREET ADDRESS					
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY - ST - ZIP					
TITLE		☐ DELETE	5.1 TITLE	*	Change	Addition		
NAME			5.2 NAME			1		
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE	<del>.</del>	☐ DELETE	6.1 TITLE		☐ Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP			[		

SIGNATURE: