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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N39880

1. Corporation Name

SOUTHEAST FOOTBALL OFFICIALS ASSOCIATION, INC.

Principal Place of Business

456 HARRISON AVE
P O BOX 491
PANAMA CITY FL 32401
US

Mailing Address

PO BOX 630
HWY 77
LYNN HAVEN FL 32444
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/24/1990

4. FEI Number

59-3025075

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**NABORS, SCOTT R.
101 E. 23RD STREET
PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, CHARLES	
STREET ADDRESS	1335 STEPHEN DR.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LASSITER, JERRY	
STREET ADDRESS	1710 MONTANA AVE	
CITY-ST-ZIP	LYNNHAVEN FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, GERALD	
STREET ADDRESS	316 KILBOURN AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CLERE, CHARLES	
STREET ADDRESS	3901 W. 25TH ST.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tom Kaspar	
1.3 STREET ADDRESS	2506 Drummond Ave	
1.4 CITY-ST-ZIP	Panama City FL 32405	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Don Inman	
2.3 STREET ADDRESS	2016 Gerato Lane	
2.4 CITY-ST-ZIP	Panama City, FL 32444	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jack Oglesby	
3.3 STREET ADDRESS	329 N. Bonita Ave.	
3.4 CITY-ST-ZIP	Panama City, FL 32401	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gerald Goodman	
4.3 STREET ADDRESS	316 Kilbourn Ave	
4.4 CITY-ST-ZIP	Panama City, FL 32401	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Herbelle Harris
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-99
Date

(850) 913-4513
Daytime Phone #

CR2E037 (1/98)