

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41988

FILED
Jan 31, 2007
Secretary of State

Entity Name: NORTH FLORIDA DX ASSOCIATION, INC.

Current Principal Place of Business:

11432 LOWNDESBORO DR
JACKSONVILLE, FL 322231376

New Principal Place of Business:

Current Mailing Address:

11432 LOWNDESBORO DR
JACKSONVILLE, FL 322231376

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, JAMES L
11432 LOWNDESBOARD DR
JACKSONVILLE, FL 322231376 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: PD () Delete
Name: CONNER, GERALD D
Address: 3800 CONNNER-COLLINS R
City-St-Zip: HILLIARD, FL 32046

Title: VD () Delete
Name: MC DONALD, CORY B
Address: PO BOX 1854
City-St-Zip: MELROSE, FL 32666

Title: SD () Delete
Name: REUBLIN, MIKE
Address: 12140 ROSETTA RD
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD () Delete
Name: HUGHES, JAMES L
Address: 11432 LOWNDESBORO DR
City-St-Zip: JACKSONVILLE, FL 322231376

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CONNER, GERALD D
Address: 3800 CONNNER-COLLINS R
City-St-Zip: HILLIARD, FL 32046

Title: PD (X) Change () Addition
Name: MC DONALD, CORY B
Address: PO BOX 1854
City-St-Zip: MELROSE, FL 32666

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 Chapter 119, 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: JAMES L. HUGHES

TD

01/31/2007

Electronic Signature of Signing Officer or Director

Date