FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

• CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:29

DOCUMENT # **N42944** (1)

1. Corporation Name
NORTH FLORIDA MOPAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2027 FAULK DR. TALLAHASSEE FL 32303 US	2027 FAULK DR. TALLAHASSEE FL 32303 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1991
3a. Date of Last Report: 02/02/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 908 TAMARACK DR	26 908 TAMARACK DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TALLAHASSEE, FL	City & State 28 TALLAHASSEE, FL
Zip 24 32303 Country 25 US	Zip 29 32303 Country 30 US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBINSON, JAMES J. 908 TAMARACK DR TALLAHASSEE FL 32303	91 Name: JAMES J. ROBINSON 92 Street Address (P.O. Box Number is Not Acceptable): 908 TAMARACK DRIVE 93 94 City: TALLAHASSEE FL 95 Zip Code: 32303

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PRESIDENT D	☐ Change ☐ Addition
NAME	ZAIC, MIKE	1.2 NAME	JAMES J. ROBINSON	
STREET ADDRESS	10475 CLYDESDALE DRIVE	1.3 STREET ADDRESS	908 TAMARACK DR	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	2.1 TITLE	VICE-PRESIDENT D	☒ Change ☐ Addition
NAME	ROBINSON, JAMES J.	2.2 NAME	PAUL CHAMBERLAIN	
STREET ADDRESS	908 TAMARACK DR	2.3 STREET ADDRESS	9601 MICCOSUKEE RD #19	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	3.1 TITLE	SECRETARY D	☒ Change ☐ Addition
NAME	DUMOND, MARGARET	3.2 NAME	KELLY HOLBERT	
STREET ADDRESS	2027 FAULK DR	3.3 STREET ADDRESS	1645 PINE FOREST DR	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	4.1 TITLE	TREASURER D	☒ Change ☐ Addition
NAME	CUNNINGHAM, GILBERT A.	4.2 NAME	EILEEN LARICHIUTA	
STREET ADDRESS	524 HART ST	4.3 STREET ADDRESS	6488 VERDURA WY	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP	REMITTED BY MAY 1	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James J. Robinson JAMES J. ROBINSON 3/10/95 904-488-6140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027134