

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N42944 (1)

1. Corporation Name

NORTH FLORIDA MOPAR ASSOCIATION, INC.



Principal Place of Business

Mailing Address

908 TAMARACK DR.
TALLAHASSEE FL 32303
US

908 TAMARACK DR.
TALLAHASSEE FL 32303
US

3. Date Incorporated or Qualified

04/12/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 7543 SKIPPER LANE

26 7543 SKIPPER LANE

4. FEI Number

NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

23 TALLAHASSEE

28 TALLAHASSEE

24 32311

25 LEON

29 32311

30 LEON

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

81 Name

Curtis French

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

7543 SKIPPER LANE

83

84

TALLAHASSEE

FL

85

32311

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

Curtis French

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

(NOTE: Registered Agent signature required when reinstating)

5-13-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ZAIC, MIKE
STREET ADDRESS 10475 CLYDESDALE DRIVE
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

1.1 TITLE
1.2 NAME CURTIS FRENCH
1.3 STREET ADDRESS 7543 SKIPPER LANE
1.4 CITY-ST-ZIP TALLAHASSEE FL 32311

☒ Change

☐ Addition

TITLE VD
NAME CHAMBERLAIN, PAUL
STREET ADDRESS 9801 MICCOSUKEE, RD #19
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

2.1 TITLE
2.2 NAME TIM BROWN
2.3 STREET ADDRESS 3321 ZILAH ST
2.4 CITY-ST-ZIP TALLAHASSEE FL 32301

☒ Change

☐ Addition

TITLE SD
NAME HOLBERT, KELLY
STREET ADDRESS 1545 PINE FOREST DR.
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DT
NAME LARICHIUTA, EILEEN
STREET ADDRESS 6488 VERDURA WY
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 6488 VERDURA WY
4.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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:

Curtis French

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-96

Date

904-488-0600

Daytime Phone #

CR2E037 (12/95)