


FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
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27 JUN 30 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742944

1. Corporation Name

North Florida Mopar Association, Inc.

Principal Place of Business

Mailing Address

7543 Skipper Lane
Tallahassee, FL 32311
US

7543 Skipper Lane
Tallahassee, FL 32311
US

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21	26	N/A	5/12/91
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip	<input type="checkbox"/>	
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

Curtis M. French
7543 Skipper Lane
Tallahassee, FL 32311

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President / D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtis M. French	12 NAME	
STREET ADDRESS	7543 Skipper Lane	13 STREET ADDRESS	900002226309--0
CITY-ST-ZIP	Tallahassee, FL 32311	14 CITY-ST-ZIP	-06/30/97--01068--013
TITLE	Vice President / D	21 TITLE	*****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tim Brown	22 NAME	
STREET ADDRESS	3321 Zillah Street	23 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32311	24 CITY-ST-ZIP	
TITLE	Secretary / D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Robinson	32 NAME	
STREET ADDRESS	908 Tamarack Drive	33 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32303	34 CITY-ST-ZIP	
TITLE	Treasurer	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eileen Larichia	42 NAME	
STREET ADDRESS	6480 Verdura Way	43 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32311	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	A. Alan
CITY-ST-ZIP		54 CITY-ST-ZIP	6/30/97
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-97

488-0600

Date

Daytime Phone #

CR2E037 (9/96)