

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42944** (1)

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**

3. Date Incorporated or Qualified

**04/12/1991**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CURTIS FRENCH  
7543 SKIPPER LANE  
TALLAHASSEE FL 32311**

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 ☐ DELETE  
NAME **PD  
CURTIS FRENCH**  
STREET ADDRESS **7543 SKIPPER LANE**  
CITY - ST - ZIP **TALLAHASSEE FL 32311**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **VPD  
TIM BROWN**  
STREET ADDRESS **3321 ZILAH STREET**  
CITY - ST - ZIP **TALLAHASSEE FL 32311**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE  
NAME **SD  
ROBINSON, JIM**  
STREET ADDRESS **908 TAMARAC DRIVE**  
CITY - ST - ZIP **TALLAHASSEE FL 32303**

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

☒ Change ☐ Addition

TITLE ☒ DELETE  
NAME **T  
LARICHUTOA, EILEEN**  
STREET ADDRESS **6488 VERDURA WAY**  
CITY - ST - ZIP **TALLAHASSEE FL 32311**

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

☒ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

☐ Change ☐ Addition

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.

SIGNATURE: *Jim Robinson* **JIM ROBINSON** 2/6/98 850-921-9572

CP2E037 (10/97)