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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42944

1. Corporation Name

NORTH FLORIDA MOPAR ASSOCIATION, INC.

Principal Place of Business

7543 SKIPPER LANE
TALLAHASSEE FL 32311
US

Mailing Address

7543 SKIPPER LANE
TALLAHASSEE FL 32311
US



2. Principal Place of Business

21 7461 SKIPPER LANE

Suite, Apt. #, etc.

22 City & State

23 TALLAHASSEE FL

24 Zip Country
32311 US

2a. Mailing Address

26 7461 SKIPPER LANE

Suite, Apt. #, etc.

27 City & State

28 TALLAHASSEE FL

29 Zip Country
32311 US

3. Date Incorporated or Qualified

04/12/1991

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

9. Name and Address of Current Registered Agent

CURTIS FRENCH
7543 SKIPPER LANE
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name

CURTIS FRENCH

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

7461 SKIPPER LANE

83

84 City

TALLAHASSEE

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME POLLOCK, STEVE
STREET ADDRESS 3040 CARLOW CIR
CITY-ST-ZIP TALLAHASSEE FL 32308

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

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

TITLE SD ☐ DELETE
NAME BROWN, LEAH
STREET ADDRESS 3321 ZILAH ST
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME CURTIS FRENCH
1.3 STREET ADDRESS 7461 SKIPPER LANE
1.4 CITY-ST-ZIP TALLAHASSEE FL 32311

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME STEVE POLLOCK
2.3 STREET ADDRESS 3040 CARLOW CIR
2.4 CITY-ST-ZIP TALLAHASSEE FL 32308

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

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME RICK KNERR
4.3 STREET ADDRESS 2625 FARRINGTON CT.
4.4 CITY-ST-ZIP TALLAHASSEE FL 32303

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

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

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, with all other like empowered.

SIGNATURE:

James J. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/14/99 Daytime Phone # 850-921-9572

CR2E037 (11/98)