


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90032 013 ****61.25

DOCUMENT # N51099		
1. Entity Name MONROE COUNTY OFFICIALS ASSOCIATION, INC.		

Principal Place of Business 2208 HARRIS AVE KEY WEST, FL 33040 US	Mailing Address 2208 HARRIS AVE KEY WEST, FL 33040 US
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40005588



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 308 OLIVIA ST.		Suite, Apt. #, etc. 308 OLIVIA ST.	
City & State KEY WEST, FL.		City & State KEY WEST, FL.	
Zip 33040	Country MONROE	Zip 33040	Country MONROE

01072005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0381904	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SCARBROUGH, REED 2208 HARRIS AVE KEY WEST, FL 33040	

7. Name and Address of New Registered Agent	
Name BERNARD N. THURSTON JR.	
Street Address (P.O. Box Number is Not Acceptable) 308 OLIVIA ST	
City KEY WEST	FL FL Zip Code 33040

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bernard N. Thurston Jr. Bernard N. Thurston Jr. 1/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAYES, GLENN SR 228 ANGELA ST KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOPEZ, GLENWOOD 396 BALIDO ST KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCARBROUGH, REED 2208 HARRIS AVE KEY WEST, FL 330403830 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. BERNARD N. THURSTON JR 308 OLIVIA ST. KEY WEST, FL 33040 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRES. REED SCARBROUGH 2208 HARRIS ST. KEY WEST FL 33040 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAYES, GLENN SR 228 ANGELA ST. KEY WEST FL 33040 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernard N. Thurston Jr. - PRES. JAN-7-2005 305-797-5662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #