## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N51099

MONROE COUNTY OFFICALS ASSOCIATION, INC.



**FILED** Mar 16, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

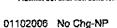
**308 OLIVIA STREET** 

KEY WEST, FL 33040

**308 OLIVIA STREET** 

KEY WEST, FL 33040 US

. . -\_---



CR2E037 (11/05)

4. FEI Number 65-0381904

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

THURSTON, BERNARD N JR 308 OLIVIA STREET

## DO NOT WRITE

KEY WES1, FL 33040			IN THIS SPACE			
	named entity submits this statement <u>fo</u> r the plions of registered agent.	urpose of changing its registered	office or t	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE Registered A	gent signature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	<ol> <li>Election Campaign Financi Trust Fund Contribution.</li> </ol>	ng 🛘	\$5.00 May Be Added to Fees		
10.  IITLE  NAME  STHEET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIRECT ST HAYES, GLENN SR 228 ANGELA ST KEY WEST, FL 33040	TORS				
TITLE NAME STREET ACCRESS CITY-ST-ZIP	VPD LOPEZ, GLENWOOD 396 BALIDO ST KEY WEST, FL 33040			03/27/06-20004-005 61.25		
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	V SCARBROUGH, REED 2208 HARRIS AVE KEY WEST, FL 330403830		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZOP	P THURSTON, BERNARD N JR 308 OLIVIA STREET KEY WEST, FL 33040			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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:

3-13-06

Daytime Phone #