

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # N51099**

1. Entity Name  
**MONROE COUNTY OFFICIALS ASSOCIATION, INC.**



Principal Place of Business  
**308 OLIVIA STREET  
KEY WEST, FL 33040 US**

Mailing Address  
**308 OLIVIA STREET  
KEY WEST, FL 33040 US**



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0381904**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**THURSTON, BERNARD N JR  
308 OLIVIA STREET  
KEY WEST, FL 33040**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**ST  
HAYES, GLENN SR  
228 ANGELA ST  
KEY WEST, FL 33040**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VPD  
LOPEZ, GLENWOOD  
396 BALIDO ST  
KEY WEST, FL 33040**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**V  
SCARBROUGH, REED  
2208 HARRIS AVE  
KEY WEST, FL 330403830**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**P  
THURSTON, BERNARD N JR  
308 OLIVIA STREET  
KEY WEST, FL 33040**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

100000469544  
03/27/06-80004-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-13-06**