2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000852

FILED Jun 30, 2005 Secretary of State

Entity Nam	ne: MID-FLORIDA OFFICIALS ASSOCIATION, INC.		,
Linuty Num	III. MIB-I ECKIDA OF FICIALO ACCOCIATION, INC.		
Current Pri	rincipal Place of Business:	New Princi	pal Place of Business:
5511 N.E. 2 OCALA, FL			
Current Ma	ailing Address:	New Mailir	ng Address:
5511 N.E. 2 OCALA, FL			
	ce with s. 607.193(2)(b), F.S., the corporation did not receive	-).
Name and A	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
HINTED V	WAYNE		
5511 N.E. 2 OCALA, FL	20TH AVE.		
5511 N.E. 2 OCALA, FL	20TH AVE. 34479 US named entity submits this statement for the purpose of	of changing it	s registered office or registered agent, or both,
5511 N.E. 2 OCALA, FL The above r	20TH AVE. 34479 US named entity submits this statement for the purpose of Florida.	of changing it	s registered office or registered agent, or both,
5511 N.E. 2 OCALA, FL The above r in the State	20TH AVE. 34479 US named entity submits this statement for the purpose of Florida.	of changing it	s registered office or registered agent, or both, Date
5511 N.E. 2 OCALA, FL The above r in the State SIGNATUR	20TH AVE. 34479 US named entity submits this statement for the purpose of Florida. RE:		
5511 N.E. 2 OCALA, FL The above r in the State SIGNATUR OFFICERS Title: Name:	20TH AVE. 20TH AVE. 34479 US named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent		Date
5511 N.E. 2 OCALA, FL The above r in the State SIGNATUR OFFICERS Title: Name: Address:	20TH AVE. 24479 US named entity submits this statement for the purpose of of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: TD () Delete HUNTER, WAYNE 5511 N.E. 20TH AVE.	ADDITION: Title: Name: Address:	Date S/CHANGES TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE HUNTER TD 06/30/2005