


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90019 016 \*\*\*\*61.25

<b>DOCUMENT # N93000004694</b> 1. Entity Name <b>WEST FLORIDA OFFICIALS ASSOCIATION, INC.</b>					
Principal Place of Business <b>% D. MICHAEL CHESSER 1201 EGLIN PKWY SHALIMAR, FL 32579</b>			Mailing Address <b>P. O. BOX 1201 SHALIMAR, FL 32579 Shalimar, FL 32579</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address <b>PO Box 1201</b> Suite, Apt. #, etc.		
City & State <b>Shalimar FL</b>			4. FEI Number <b>59-2985885</b>		
Zip <b>32579</b>			Country		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent <b>CHESSER, D. MICHAEL 1201 EGLIN PKWY SHALIMAR, FL 32579</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, JEFFREY 2767 AUGUSTUS RD NAVARRE, FL 32566 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARY, TOMMY G 699 TYNER ST FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPENCER, ROY 493 SANDY RIDGE CR MARY ESTHER, FL 32569 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete BOWEN, THOMAS S 523 MOONEY RD FORT WALTON BEACH, FL 32547		TITLE NAME STREET ADDRESS CITY-ST-ZIP	McGriff, Anthony 1205 Northview Dr Crestview FL 32536 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete JENSEN, TERRY W 235 BRIAN CIRCLE MARY ESTHER, FL 32569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Anderson, Bobby R 349 Hollywood Blvd Ft Walton Beach FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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.					
<b>SIGNATURE: <u>Tommy G. Gray</u> Tommy G. Gray TD 4-13-08 (850) 862-3233</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					