

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90238 013 ****61.25

DOCUMENT # N93000004694

1. Entity Name

WEST FLORIDA OFFICIALS ASSOCIATION, INC.



Principal Place of Business

**% D. MICHAEL CHESSER
1201 EGLIN PKWY
SHALIMAR FL 32579**

Mailing Address

**P. O. BOX 225
NICEVILLE FL 32588-0225
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2985885**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHESSER, D. MICHAEL
1201 EGLIN PKWY
SHALIMAR FL 32579**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MYERS, RICHARD T**
STREET ADDRESS **836 BLVD DE LIORLESANS**
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **VD** ☐ Change ☒ Addition
NAME **Jeffrey Miller**
STREET ADDRESS **2767 Augustus Rd.**
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE **VD** ☒ Delete
NAME **SORENSEN, LEROY**
STREET ADDRESS **390 CANTERBURY CIR**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **SD** ☐ Change ☒ Addition
NAME **Scott Bowen**
STREET ADDRESS **523 MOONEY RD.**
CITY-ST-ZIP **FT. WALTON BEACH, FL 32547**

TITLE **TD** ☐ Delete
NAME **GARY, TOMMY G**
STREET ADDRESS **699 TYNER ST**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **ZELL, WILLIAM P**
STREET ADDRESS **9 W CASA LOMA DRIVE**
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Tommy Gray Tres.

5-1-03

850-862-3233

CR2E037 (10/02)