

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004528 (4)**

1. Corporation Name

**NORTH FLORIDA BMW ADVERTISING ASSOCIATION, INC.**



Principal Place of Business <b>963 WYMORE ROAD WINTER PARK FL 32789</b>	Mailing Address <b>963 WYMORE ROAD WINTER PARK FL 32789</b>
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3. Date Incorporated or Qualified

**09/19/1995**

4. FEI Number

**59-3361683**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANTONE, JOHN  
963 WYMORE ROAD  
WINTER PARK FL 32789**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MURPHY, TERRY</b>	
STREET ADDRESS	<b>2805 WEST MEMORIAL BOULEVARD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	

TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE
NAME	<b>MANTONE, JOHN</b>	
STREET ADDRESS	<b>963 WYMORE ROAD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>BUSH, JOHN</b>	
STREET ADDRESS	<b>9850 ATLANTIC BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SWEARINGEN, STEVE</b>	
STREET ADDRESS	<b>1700 MASON AVENUE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32117</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>URFER, DON</b>	
STREET ADDRESS	<b>6000 SOUTH TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D</b>
6.3 STREET ADDRESS	<b>FROCKT, JERRY</b>
6.4 CITY-ST-ZIP	<b>4222 NW 13TH STREET GAINESVILLE, FL 32609</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

7/2/98

CR2E037 (10/97)