


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004610	
1. Entity Name NORTH FLORIDA MILITARY OFFICIALS ASSOCIATION, INC.	

Principal Place of Business FLEET RESERVE CLUB OF JACKSONVILLE 5391 COLLINS ROAD JACKSONVILLE, FL 32244	Mailing Address C/O 2933 W 4TH ST JACKSONVILLE, FL 32254-420 US
---	---

DO NOT WRITE IN THIS SPACE



02052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3051939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEACH, JESSE 7799 ENDERBY AVE E. JACKSONVILLE, FL 32244

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000077767 03/05/04-80056-025 61.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, KENT 1273 LE BLANC RD. GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BOOKER, DOUGLAS D 2933 WEST FOURTH ST. JACKSONVILLE, FL 322542420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKSON, GENE 5041 ANDREWS ST. JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MULLEN, DENNIS 2250 SANDY CT. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEACH, JESSE 7799 ENDERBY AVE E JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/2/2004 <small>Date</small>	904 783 8748 <small>Daytime Phone #</small>
--	--	---

Douglas Di Booker