2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004610

Apr 21, 2008 Secretary of State

Entity Name: NORTH FLORIDA MILITARY OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

FLEET RESERVE CLUB OF JACKSONVILLE 5391 COLLINS ROAD JACKSONVILLE, FL 32244

New Mailing Address: Current Mailing Address:

C/O 2933 W 4TH ST P.O. BOX 440415

JACKSONVILLE, FL 322542420 US JACKSONVILLE, FL 32222 US

FEI Number: 59-3051939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERRY, ALLEN 435 SAN CLEMENTI DR ORANGE PARK, FL 320087833 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SEAY, JOHNNY CURTIS, NICHOLE Name: Name: 8131 LOCH LOMOND LN Address: 3601 KERNAN BLVD. APT. 1131 Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32224

Title: STD Title: STD (X) Change () Addition () Delete BOOKER, DOUGLAS D Name: BERRY, ALLEN Name: Address: Address:

2933 WEST FOURTH ST. 435 SAN CLEMENTI DR. City-St-Zip: JACKSONVILLE, FL 322542420 City-St-Zip: ORANGE PARK, FL 320037833

Title: PD() Delete Title: **VPD** (X) Change () Addition BERRY, ALLEN ROBERTS, VIRGIL D Name: Name:

Address: 435 SAN CLEMENTI DR Address: 8254 WILSON BLVD. City-St-Zip: ORANGE PARK, FL 32008 78 City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete Title: () Change () Addition

Name: MULLEN, DENNIS Name: Address: 2250 SANDY CT. Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip:

Title: VD () Delete Title: PΠ (X) Change () Addition

BEACH, JESSE Name: Name: BEACH, JESSE 7799 ENDERBY AVE E 7799 ENDERBY AVE E Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32244

Title: () Delete Title: () Change (X) Addition

POOLE, CHRIS Name: Name:

Address: Address: 6283 PLANTATION BAY DR. JACKSONVILLE, FL 32244 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALLEN BERRY STD 04/21/2008

Electronic Signature of Signing Officer or Director

Date