

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004610

FILED
Apr 10, 2009
Secretary of State

Entity Name: NORTH FLORIDA MILITARY OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

435 SAN CLEMENTI DR.
FLEMING ISLAND, FL 320037833 US

Current Mailing Address:

P.O. BOX 440415
JACKSONVILLE, FL 32222 US

New Mailing Address:

FEI Number: 59-3051939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BERRY, ALLEN
435 SAN CLEMENTI DR
FLEMING ISLAND, FL 320037833 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:

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CURTIS, NICHOLE
Address: 3601 KERNAN BLVD. APT. 1131
City-St-Zip: JACKSONVILLE, FL 32224

Title: STD () Delete
Name: BERRY, ALLEN
Address: 435 SAN CLEMENTI DR.
City-St-Zip: ORANGE PARK, FL 320037833

Title: VPD () Delete
Name: ROBERTS, VIRGIL D
Address: 8254 WILSON BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: MULLEN, DENNIS
Address: 2250 SANDY CT.
City-St-Zip: ORANGE PARK, FL 32073

Title: PD () Delete
Name: BEACH, JESSE
Address: 7799 ENDERBY AVE E
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: POOLE, CHRIS
Address: 6283 PLANTATION BAY DR.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WALKER, ERIC
Address: 8332 GRAMPELL DR.
City-St-Zip: JACKSONVILLE, FL 32221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

04/10/2009

Electronic Signature of Signing Officer or Director

Date