

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004610

FILED
Jan 13, 2011
Secretary of State

Entity Name: NORTH FLORIDA MILITARY OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

435 SAN CLEMENTI DR.
FLEMING ISLAND, FL 320037833 US

New Principal Place of Business:

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
FLEMING ISLAND, FL 320037833 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: WALKER, ERIC
Address: 8332 GRAMPELL DR.
City-St-Zip: JACKSONVILLE, FL 32221

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

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

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

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

Title: D
Name: CROSS, CLARENCE
Address: 1619 LOCKEND RD
City-St-Zip: JACKSONVILLE, FL 322213829

I hereby 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 all other like empowered.

SIGNATURE: ALLEN BERRY

STD

01/13/2011

Electronic Signature of Signing Officer or Director

Date