


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006464	
1. Entity Name NORTHWEST FLORIDA OFFICIALS ASSOCIATION, INC.	

Principal Place of Business 4870 ROOKS DRIVE MARIANNA, FL 32446	Mailing Address 4870 ROOKS DRIVE MARIANNA, FL 32446
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DO NOT WRITE IN THIS SPACE

02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3032109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**KELLY, GERALD A JR
4870 ROOKS DRIVE
MARIANNA, FL 32446**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, GERALD A JR 4870 ROOKS DRIVE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEWITT, TIMOTHY 5265 FORT RD GREENWOOD, FL 32443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POREP, ART 2929 WILDWOOD CIRCLE MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAIRCLOTH, JEFF 2043 CEMETARY AVE SNEADS, FL 32460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MABREDY, CHARLY 121 HICKORY ST CHATTahoochee, FL 32324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOLETT, REID 3192 DIANA LANE APT A MARIANNA, FL 32446

**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)(f), 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: *[Signature]* **Gerald A. Kelly** **25 April 05** **858-569-5260**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #