

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91165 003 \*\*\*\*61.25

DOCUMENT # NA010000001717  
1. Entity Name  
North Florida Music Association, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
PO Box 49092  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 49092  
Suite, Apt. #, etc.

**B0061998**

DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville Beach FL

City & State  
Jacksonville Beach FL

Zip  
32240 Country  
USA

Zip  
32240 Country  
USA

4. FEI Number  
59-3563611

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Mike Fitzgerald

Street Address (P.O. Box Number is Not Acceptable)  
2949 Forest Blvd.

City  
Jacksonville FL Zip Code  
32246

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.

Same registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P - D Sarah Hernandez</u> <u>PO Box 49092</u> <u>Jacksonville Beach, FL 32240</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S/P - D John Simmons</u> <u>PO Box 50682-136 14th Ave S</u> <u>Jacksonville Beach, FL 32240</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D - Mike Fitzgerald</u> <u>2949 Forest Blvd.</u> <u>Jacksonville, FL 32246</u>

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

033002 904.247-3138

CR2E037B (12/01)