

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004780

FILED
Feb 24, 2006
Secretary of State

Entity Name: MID COAST OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 509
COCOA, FL 329230509

New Principal Place of Business:

Current Mailing Address:

PO BOX 509
COCOA, FL 329230509

New Mailing Address:

FEI Number: 59-3614869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESSMAN, MICHAEL
270 GLENWOOD AVE
SATELLITE BEACH, FL 32937 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: PD () Delete
Name: RAYME, LACY
Address: 230 LEE AVE.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: PRESSMAN, MICHAEL
Address: 270 GLENWOOD AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: THOMPSON, JIM
Address: PO BOX 220
City-St-Zip: VERO BEACH, FL 329610220

Title: VP (X) Delete
Name: HOFFMAN, JOHN
Address: 516 LATANIA PALM DRIVE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: HOFFMANN, JOHN
Address: 516 LATANIA PALM DRIVE
City-St-Zip: INDIALANTIC, FL 32903

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL PRESSMAN

D

02/24/2006

Electronic Signature of Signing Officer or Director

Date