


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90010 017 ****61.25

DOCUMENT # N99000007563 1. Entity Name NORTH FLORIDA UMPIRES ASSOCIATION, INC.					
Principal Place of Business 3139 CORRIB DRIVE TALLAHASSEE, FL 32309			Mailing Address 3139 CORRIB DRIVE TALLAHASSEE, FL 32309		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3440994	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYANT, CRAIG T 3139 CORRIB DRIVE TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOJAN, CURT 2712 W THARPT ST H-49 TALLAHASSEE,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2712 W. Tharpe St., Apt. H-49 Tallahassee, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRYANT, CRAIG 3139 CORRIB DRIVE TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, STEVE 2915 SHOWER RD APT 1113 TALLAHASSEE, FL 32312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2915 Sharer Rd., Apt. 1113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLOSE, JONATHAN 2662 FAVERSHAM DR. TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, ROBERT 1988 GINA DRIVE TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Craig T. Bryant</i> <i>Craig T. Bryant</i>			3/6/04 850-488-0847		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

J4U10604



01062004 Chg-NP CR2E037 (10/03)

FL