


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90097 041 ****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 3005 Tipperary Drive Suite, Apt. #, etc.		3. Mailing Address 3005 Tipperary Drive Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 59-3440994	
Zip 32309		Country USA		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) 3005 Tipperary Drive City Tallahassee FL Zip Code 32309		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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. THARPE ST., APT H-49 TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRYANT, CRAIG 3139 CORRIB DRIVE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LIONEL 1630 #110 BALKIN ROAD TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLOSE, JONATHAN 2662 FAVERSHAM DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, ROBERT 1988 GINA DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRYANT, CRAIG 3005 TIPPERARY DRIVE TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRYANT, CRAIG 3005 TIPPERARY DRIVE TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRYANT, CRAIG 3005 TIPPERARY DRIVE TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRYANT, CRAIG 3005 TIPPERARY DRIVE TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Craig T. Bryant</u> <u>Craig T. Bryant</u> <u>4/11/06 (850)488-0847</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					