


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90069 044 \*\*\*\*61.25

<b>DOCUMENT # N99000007563</b>			
1. Entity Name <b>NORTH FLORIDA UMPIRES ASSOCIATION, INC.</b>			
Principal Place of Business <b>3005 TIPPERARY DRIVE TALLAHASSEE FL 32309 US</b>		Mailing Address <b>3005 TIPPERARY DRIVE TALLAHASSEE FL 32309 US</b>	
2. Principal Place of Business - No P.O. Box # <b>3400 Old Bainbridge Rd.</b>		3. Mailing Address <b>3400 Old Bainbridge Rd.</b>	
Suite, Apt. #, etc. <b>Unit 205</b>		Suite, Apt. #, etc. <b>Unit 205</b>	
City & State <b>Tallahassee FL</b>		City & State <b>Tallahassee FL</b>	
Zip <b>32303</b>	Country <b>USA</b>	Zip <b>32303</b>	Country <b>USA</b>



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-3440994</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BRYANT, CRAIG T 3005 TIPPERARY DRIVE TALLAHASSEE FL 32309</b>		7. Name and Address of New Registered Agent Name <b>Steven M. Levine</b> Street Address (P.O. Box Number is Not Acceptable) <b>3400 Old Bainbridge Rd.</b> <b>Unit 205</b> City <b>Tallahassee</b> FL Zip Code <b>32303</b>	
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 <u>Steven M. Levine</u> <b>Steven M. Levine Secretary/Treasurer 2-25-2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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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	<input 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer STD Steven Levine 3400 Old Bainbridge Rd. Unit 205 Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLOSE, JONATHAN 2662 FAVERSHAM DR. TALLAHASSEE FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Don Krpata 909 Piedmont Dr. Tallahassee FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, ROBERT 1988 GINA DRIVE TALLAHASSEE FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amos Carroll 1374 W. Heaven Ct. Tallahassee, FL 32310 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Section 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: Steven M. Levine **Steven M. Levine** 2/25/2007 (850) 562-5399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #