

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007563

FILED
Jan 05, 2009
Secretary of State

Entity Name: NORTH FLORIDA UMPIRES ASSOCIATION, INC.

Current Principal Place of Business:

3400 OLD BAINBRIDGE RD.
UNIT 205
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

3400 OLD BAINBRIDGE RD.
UNIT 205
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-3440994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, STEVEN
3400 OLD BAINBRIDGE RD.
UNIT 205
TALLAHASSEE, FL 32303 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: STOJAN, CURT
Address: 2712 W. THARPE ST., APT H-49
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD () Delete
Name: LEVINE, STEVEN
Address: 3400 OLD BAINBRIDGE RD., 205
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: THOMPSON, LIONEL
Address: 1630 #110 BALKIN ROAD
City-St-Zip: TALLAHASSEE, FL 32305

Title: V () Delete
Name: KRPATA, DON
Address: 909 PIEDMONT DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: JUDD, THOMAS
Address: 3380 FRED GEORGE ROAD # 309
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: V (X) Change () Addition
Name: BRYANT, CRAIG
Address: 3005 TIPPERARY DR
City-St-Zip: TALLAHASSEE, FL 32309

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

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN LEVINE

STD

01/05/2009

Electronic Signature of Signing Officer or Director

Date