2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# N99000007563

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 M
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
Name: STOJAN, CURT
Address: 12973 W. WILLOW CREEK LN
City-St-Zip: HUNTLEY, IL 60142

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

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

Title: V
Name: BRYANT, CRAIG
Address: 3005 TIPPERARY DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: JUDD, THOMAS
Address: 3813 CASTLEBERRY DR
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: STEVEN M. LEVINE STD 02/16/2011

Electronic Signature of Signing Officer or Director Date