2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003303

1. Entity Name
NORTH FLORIDA JOINT TRAINING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
489 STEVENS STREET JACKSONVILLE, FL 32254	489 STEVENS STREET JACKSONVILLE, FL 32254

01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3753457
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUGARMAN, ROBERT A
2801 PONCE DE LEON BLVD STE 750
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, CARL
STREET ADDRESS	4951 RICHARD ST
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	TURK, LARRY
STREET ADDRESS	3647 GILMORE ST
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	SD
NAME	THOMAS, JERRY M
STREET ADDRESS	489 STEVENS ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	TD
NAME	RICHARDSON, GEORGE
STREET ADDRESS	6535 TRADE CENTER DR
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/05-80004-012 61.25

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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: Jerry M. Thomas Jan. 18, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #