

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003303

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA JOINT TRAINING ASSOCIATION, INC.

**Current Principal Place of Business:**

489 STEVENS STREET  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

489 STEVENS STREET  
JACKSONVILLE, FL 32254

**New Mailing Address:**

**FEI Number:** 59-3753457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUGARMAN, ROBERT A  
2801 PONCE DE LEON BLVD STE 750  
CORAL GABLES, FL 33134 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: CAMPBELL, BILLY  
Address: 4000 UNION HALL PLACE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP  
Name: TURK, LARRY  
Address: 3647 GILMORE ST  
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD  
Name: THOMAS, JERRY M  
Address: 489 STEVENS ST.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: TD  
Name: RICHARDSON, GEORGE  
Address: 6535 TRADE CENTER DR  
City-St-Zip: JACKSONVILLE, FL 32254

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: JERRY M. THOMAS

SD

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date