

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003303

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

**Current Principal Place of Business:**

489 STEVENS STREET  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

489 STEVENS STREET  
JACKSONVILLE, FL 32254

**FEI Number:** 59-3753457

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title PD  
Name ROY, SCOTT  
Address 9616 KENTUCKY STREET  
City-State-Zip: JACKSONVILLE FL 32218

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

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

Title TD  
Name RICHARDSON, GEORGE  
Address 6535 TRADE CENTER DR  
City-State-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:** GEORGE G. RICHARDSON, JR.

**TREASURER**

02/05/2015

Electronic Signature of Signing Officer/Director Detail

Date