

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002436

Entity Name: BUILDING OFFICIALS ASSOCIATION OF FLORIDA NORTH
FLORIDA CHAPTER, INC.**FILED**
Feb 12, 2014
Secretary of State
CC3689182764**Current Principal Place of Business:**201 SOUTHEAST 3RD STREET
OCALA, FL 34471**Current Mailing Address:**201 SOUTHEAST 3RD STREET
OCALA, FL 34471**FEI Number: 26-3022739****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BAZEMORE, JOHN L
6950 NORTHWEST 210TH STREET
MICANOPY, FL 32667 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 PRESIDENT
Name DAVIS, JOE
Address 1105 SW 7TH RD
City-State-Zip: Ocala FL 34474Title OFFICER
Name NUETZI, MARK A
Address 2710 EAST SILVER SPRINGS BLVD.
City-State-Zip: Ocala FL 34470Title DIRECTOR
Name FREELAN, JOHN
Address 306 NE 6TH AVE
City-State-Zip: GAINESVILLE FL 32602Title DIRECTOR
Name GAMACHE, FRANK
Address 1531 NORTHEAST 21ST STREET
City-State-Zip: Ocala FL 34470Title DIRECTOR
Name LEVERITT, LARRY
Address 1105 SW 7TH RD.
City-State-Zip: Ocala FL 34474Title OFFICER
Name YOUNG, GREGORY
Address 1105 SW 7TH RD.
City-State-Zip: Ocala FL 34474Title OFFICER
Name FERRONE, GREGORY
Address 10 SW 2ND AVE
City-State-Zip: GAINESVILLE FL 32601

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: MARK NUETZI**SECRETARY****02/12/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date