


FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766251 (3)
 1. Corporation Name
NORTHEAST FLORIDA LEAGUE OF CITIES, INC.



Principal Place of Business 4114 HERSCHEL ST STE 100 JACKSONVILLE FL 32210 US	Mailing Address 4114 HERSCHEL ST STE 100 JACKSONVILLE FL 32210-2200 US
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3. Date Incorporated or Qualified 12/22/1982	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2560639	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MULLIS, CLAUDE L 4114 HERSCHEL ST. STE. 100 JACKSONVILLE FL 32210		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ST	ROYLE, MAX 2110 HEY A1A SOUTH ST AUGUSTINE BCH FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	JACOB, MARJORIE F. 1775 HIGHWAY 17 POMONA PARK FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P	SANDERS, GEORGE E. 201 N. SECOND ST. PALATKA FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
TITLE D	WOODS, TRAVIS V. 1111 W PRATT STREET STARKE FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	LYNE, LESLIE 614 MIDWAY NEPTUNE BEACH FL	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P
TITLE D	WILLIAMS, JERRY 220 WALNUT ST. GREEN COVE SPRINGS FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* **4/2/97** **904/388-2260**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0005282

CR2E037 (9/96)