

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>4114 HERSCHEL ST                  STE 100                  JACKSONVILLE FL 32210                  US</b>	Mailing Address <b>4114 HERSCHEL ST                  STE 100                  JACKSONVILLE FL 32210                  US</b>
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3. Date Incorporated or Qualified  
**12/22/1982**

4. FEI Number  
**59-2560639**

Applied For   
 Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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 agent 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

TITLE	ST ROYLE, MAX	<input type="checkbox"/> DELETE
STREET ADDRESS	2110 HEY A1A SOUTH	
CITY-ST-ZIP	ST AUGUSTINE BCH FL	
TITLE	D JACOB, MARJORIE F.	<input type="checkbox"/> DELETE
STREET ADDRESS	1775 HIGHWAY 17	
CITY-ST-ZIP	POMONA PARK FL	
TITLE	D SANDERS, GEORGE E.	<input type="checkbox"/> DELETE
STREET ADDRESS	201 N. SECOND ST.	
CITY-ST-ZIP	PALATKA FL	
TITLE	D WOODS, TRAVIS V.	<input type="checkbox"/> DELETE
STREET ADDRESS	1111 W PRATT STREET	
CITY-ST-ZIP	STARKE FL	
TITLE	P LYNE, LESLIE	<input type="checkbox"/> DELETE
STREET ADDRESS	614 MIDWAY	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	D WILLIAMS, JERRY	<input type="checkbox"/> DELETE
STREET ADDRESS	229 WALNUT ST.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: \_\_\_\_\_ Date: **3/31/98** Telephone: **904/388-2260**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)