


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 766251**  
1. Entity Name  
NORTHEAST FLORIDA LEAGUE OF CITIES, INC.



Principal Place of Business  
2200 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

Mailing Address  
2200 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US



04112006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2560639

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROYLE, MAX  
2200 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2006**

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

000000531350  
05/06/06-80037-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUTCH, P. STEVEN 209 NORTH THOMPSON STREET STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROYLE, MAX 2200 A1A SOUTH ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWLES, JOHN W 2042 PARK AVENUE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLIS, RICHARD 125 EAST MAIN STREET LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, ALLEN 201 NORTH SECOND STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, JAMES 800 SEMINOLE ROAD ATLANTIC BEACH, FL 32233

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/20/06 904/471-2122

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

Max Royle, Secretary/Treasurer