

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766251

FILED
May 18, 2009
Secretary of State

Entity Name: NORTHEAST FLORIDA LEAGUE OF CITIES, INC.

Current Principal Place of Business:

2200 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

2200 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-2560639 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOWLES, JOHN
Address: 2042 PARK AVENUE
City-St-Zip: ORANGE PARK, FL 32073

Title: ST () Delete
Name: ROYLE, MAX
Address: 2200 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: P () Delete
Name: MUNN, CHARLES
Address: 1775 HWY 17 SOUTH
City-St-Zip: POMONA PARK, FL 32181

Title: VP () Delete
Name: TOTMAN, STANLEY
Address: 10 US 90 WEST
City-St-Zip: BALDWIN, FL 32234

Title: D () Delete
Name: PAGE, ROBERT
Address: 321 WALNUT STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: BORNO, MICHAEL
Address: 800 SEMINOLE ROAD
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANNE JACKSON

Electronic Signature of Signing Officer or Director

EXDI

05/18/2009

_____ Date