2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2004
Secretary of State

DOCUMENT# N00000000022

Entity Name: NORTH FLORIDA LAND TRUST, INC.

Current Principal Place of Business:

4400 MARSH LANDING BLVD
SUITE 4
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

428-A OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

4400 MARSH LANDING BLVD
SUITE 4
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

428-A OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-3609167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCQUILKIN, WILLIAM JR
225 LAMPLIGHTER LAND
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

MCQUILKIN, WILLIAM JR
225 LAMPLIGHTER LANE
PONTE VEDRA BEACH, FL 32082 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: WILLIAM W. MCQUILKIN JR. 10/20/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCQUILKIN, WILLIAM JR
Address: 2250 LAMPLIGHTER LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD ( ) Delete
Name: STRICKLAND, DAVID
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD ( ) Delete
Name: BOGGS, AIMEE
Address: 814A HWY A1A N STE 100
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD ( ) Delete
Name: ZAVON, BRUCE
Address: 18 OCEAN DR
City-St-Zip: ST AUGUSTINE, FL 32080

Title: TD ( ) Delete
Name: FRANKLAND, THOMAS
Address: 9715 GATE PKWY N
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: LISENBY, LYNN
Address: 1804 WQARD LANDING CT
City-St-Zip: FLEMING ISLAND, FL 32003

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: D (X) Change ( ) Addition
Name: LISENBY, LYNN
Address: 1804 WARD LANDING CT
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM W. MCQUILKIN JR. PD 10/20/2004
Electronic Signature of Signing Officer or Director Date