

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90031 003 ****70.00

DOCUMENT # N00000000022 1. Entity Name NORTH FLORIDA LAND TRUST, INC.					
Principal Place of Business 428-A OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250			Mailing Address 428-A OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business 24 Cathedral Place Suite, Apt. #, etc. Ste. 310 City & State St. Augustine, FL Zip 32084 Country St. Johns		3. Mailing Address 24 Cathedral Place Suite, Apt. #, etc. Ste. 310 City & State St. Augustine, FL Zip 32084 Country St. Johns			
4. FEI Number 59-3609167				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCQUILKIN, WILLIAM JR 225 LAMPLIGHTER LANE PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Catherine Vanden Houten</u> <u>Executive Director</u> <u>3-28-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCQUILKIN, WILLIAM JR 2250 LAMPLIGHTER LANE PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Catherine Vanden Houten 545 Woodchase Drive St. Augustine, FL 32086	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRICKLAND, DAVID 8100 NATIONS WAY JACKSONVILLE, FL 32256	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Strickland 300 W. Adams St. Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOGGS, AIMEE 814A HWY A1A N STE 100 PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President G. Thomas Frankland 1200 Riverplace Blvd, Ste. 830 Jacksonville, FL 32207	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAVON, BRUCE 18 OCEAN DR ST AUGUSTINE, FL 32080	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer H. Franklin Irwin III 245 Riverside Drive, Ste. 100 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANKLAND, THOMAS 9715 GATE PKWY N JACKSONVILLE, FL 32246	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Melissa Gross-Arnold 9428 Baymeadows Rd, Ste. 625 Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISENBY, LYNN 1804 WARD LANDING CT FLEMING ISLAND, FL 32003	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Emeritus William McQuilkin 225 Lamplighter Lane Ponte Vedra Beach, FL 32082	☒ Change ☒ Addition
12. 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 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: <u>Catherine Vanden Houten</u> <u>Executive Director</u> <u>3-28-05</u> <u>(904) 827-9870</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					