

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90150 002 ****70.00

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1. Entity Name
NORTH FLORIDA LAND TRUST, INC.



Principal Place of Business
24 CATHEDRAL PLACE
SUITE 310
SAINT AUGUSTINE, FL 32084 US

Mailing Address
24 CATHEDRAL PLACE
SUITE 310
SAINT AUGUSTINE, FL 32084 US

50012199



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3609167

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCQUILKIN, WILLIAM JR
225 LAMPLIGHTER LANE
PONTE VEDRA BEACH, FL 32082

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
ED
HOWTEN, CATHERINE V
545 WOODCIRCLE DRIVE
SAINT AUGUSTINE, FL 32086 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Catherine Vanden Houten ☒ Change ☐ Addition
Vanden Houten is complete last name

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STRICKLAND, DAVID
300 WEST ADAMS STREET
JACKSONVILLE, FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
IRWIN, H. FRANKLIN III
245 RIVERSIDE DRIVE SUITE 100
JACKSONVILLE, FL 32202 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Linda D. Walker
6620 Southpoint Dr. S., Ste. 310
Jacksonville, FL 32216 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GROSS-ARNOLD, MELISSA
9428 BAYMEADOWS ROAD SUITE 625
JACKSONVILLE, FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
245 Riverside Ave. Ste 150
Jacksonville, FL 32202 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FRANKLAND, THOMAS
1200 RIVERPLACE BOULEVARD SUITE 830
JACKSONVILLE, FL 32207 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
H. Franklin Irwin III
245 Riverside Dr Ste 100
Jacksonville, FL 32202 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PE
MCQUILLIN, WILLIAM
225 LAMPLIGHTER LANE
PONTE VEDRA BEACH, FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Catherine Vanden Houten*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

(404) 827-9870
Daytime Phone #