2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90188 011 ****70.00

DOCUMENT # N00000000022

1. Entity Name
NORTH FLORIDA LAND TRUST, INC.

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

04162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	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, 2007

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 VANDEN HOUTEN, CATHERINE 545 WOODCIRCLE DRIVE SAINT AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mark Middlebrook 21 Sailfish Dr. Ponte Vedra Beach, FL 32082	☐ Change ☒ Addition
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	President Emeritus David Strickland 300 West Adams St. Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALKER, LINDA D 6620 SOUTHPOINT DR S, STE 310 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Cara Conholly 7720 Financial Way, Ste 100 Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GROSS-ARNOLD, MELISSA 245 RIVERSIDE AVE, STE 150 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Melissa Gross-Arnold 245 Riverside Ave, Ste 150 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP IRWIN, H. FRANKLIN III 245 RIVERSIDE DR, STE 100 JACKSONVILLE, FL 32202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 Exec. Dir. 4/23/07 904/827-9870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #