2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0900000385

FILED Jan 06, 2012 Secretary of State

Entity Name: NORTHEAST FLORIDA LYME ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3948 3RD STREET SOUTH STE 285

JACKSONVILLE BEACH, FL 32250

Current Mailing Address: New Mailing Address:

3948 3RD STREET SOUTH STE 285

JACKSONVILLE BEACH, FL 32250

FEI Number: 26-4014530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KING, ANDREA E 3418 1ST STREET S JACKSONVILLE BEACH, FL 32250 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.

ili the State of Florida

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TSD

SIGNATURE:

Name: KING, ANDREA E Address: 3418 1ST STREET S

City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD

Name: BOGGS, DANE

Address: 684 PONTE VEDRA BLVD

City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD

 Name:
 MARY, JAYCOX A

 Address:
 1840 RIVER ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: PC

Name: BOGGS, AIMEE L Address: 684 PONTE VEDRA BLVD

City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD

 Name:
 CROZIER, JOE

 Address:
 1107 MYRA ST., #250

 City-St-Zip:
 JACKSONVILLE, FL 32204

Title: [

 Name:
 KERRY, CLARK L

 Address:
 UNF, 1 UNF DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: ANDREA E. KING TSD 01/06/2012