

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766251

**Entity Name:** NORTHEAST FLORIDA LEAGUE OF CITIES, INC.

**Current Principal Place of Business:**

102 CANAL DRIVE  
EAST PALATKA, FL 32131

**Current Mailing Address:**

PO BOX 262  
PALATKA, FL 32178-0262 US

**FEI Number:** 59-2560639

**Certificate of Status Desired:** No

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

JORDAN, BETSY MS.  
102 CANAL DRIVE  
EAST PALATKA, FL 32131 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:** BETSY JORDAN

01/23/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name DAVIS, LOUIE  
Address P.O. DRAWER B  
City-State-Zip: WALDO FL 32694

Title SECRETARY/TREASURER  
Name MARTIN, DALE  
Address 204 ASH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR  
Name NUGENT, DANNY  
Address 209 NORTH THOMPSON STREET  
City-State-Zip: STARKE FL 32091

Title PRESIDENT  
Name BOROM, RUFUS  
Address 201 N. 2ND STREET  
City-State-Zip: PALATKA FL 32177

Title D  
Name DEVILLE, THOMAS  
Address PO BOX 1041  
City-State-Zip: PENNEY FARMS FL 32079

Title D  
Name BROWN, TONY  
Address 555 S. LAWRENCE BLVD.  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title DIRECTOR  
Name SIRMONES, FRED  
Address 200 SW 1ST STREET  
City-State-Zip: LAKE BUTLER FL 32054

Title D  
Name HILL, JAKE  
Address 205 N.MARION AVENUE  
City-State-Zip: LAKE CITY FL 32055

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*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:** RUFUS BOROM

PRESIDENT

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name LYNCH, SEAN  
Address 10 US HIGHWAY 90 W  
City-State-Zip: BALDWIN FL 32234  
  
Title D, VP  
Name BUTLER, CONNIE  
Address 321 WALNUT STREET  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title D  
Name MYERS, MICHELE  
Address 3 SUMMIT STREET  
City-State-Zip: CRESCENT CITY FL 32212  
  
Title DIRECTOR  
Name THOMPSON, SUSANA  
Address 2042 PARK AVENUE  
City-State-Zip: ORANGE PARK FL 32073