

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766251

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC0850458716**

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

**Current Principal Place of Business:**

2200 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

2200 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 59-2560639

**Certificate of Status Desired:** No

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

ROYLE, MAX  
2200 A1A SOUTH  
ST. AUGUSTINE, FL 32080 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title            ST  
Name            ROYLE, MAX  
Address        2200 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            VP  
Name            WOODS, TRAVIS V  
Address        PO DRAWER C  
City-State-Zip: STARKE FL 32091

Title            D  
Name            TOTMAN, STANLEY  
Address        10 US 90 WEST  
City-State-Zip: BALDWIN FL 32234

Title            D  
Name            BROWN, MARY L  
Address        201 N. 2ND STREET  
City-State-Zip: PALATKA FL 32177

Title            D  
Name            REEVES, MITCH  
Address        800 SEMINOLE ROAD  
City-State-Zip: ATLANTIC BEACH FL 32233

Title            D  
Name            BROWN, TONY  
Address        PO BOX 420  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title            D  
Name            SAMUELS, ANDREA  
Address        2200 A1A SOUTH  
City-State-Zip: ST AUGUSTINE BEACH FL 32080

**Continues on page 2**

*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:** MAX ROYLE

**SECRETARY TREASURER** 04/14/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title D  
Name LEWIS, PAMELA  
Address 321 WALNUT STREET  
City-State-Zip: GREEN COVE SPRINGS FL 32043