2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766251

Entity Name: NORTHEAST FLORIDA LEAGUE OF CITIES, INC.

intity Name: NORTHEAST FLORIDA LEAGUE OF CITIES,

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

FILED Mar 11, 2014

Secretary of State

CC9370218985

Officer/Director Detail:

Title PRESIDENT Title ST

Name RENNINGER, JAMES B Name ROYLE, MAX

Address 2042 PARK AVENUE Address 2200 A1A SOUTH

City-State-Zip: ORANGE PARK FL 32073 City-State-Zip: ST. AUGUSTINE FL 32080

Title D Title D

NameWOODS, TRAVIS VNameTOTMAN, STANLEYAddressPO DRAWER CAddress10 US 90 WESTCity-State-Zip:STARKE FL 32091City-State-Zip:BALDWIN FL 32234

Title D Title VP

NameBROWN, MARY LNameDAVIS, FRANKAddress201 N. 2ND STREETAddressP.O. DRAWER BCity-State-Zip:PALATKA FL 32177City-State-Zip:WALDO FL 32694

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

Electronic Signature of Signing Officer/Director Detail

SECRETARY/TREASURER 03/11/2014

Date