

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766251

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 32694Title VP
Name WOODS, TRAVIS V
Address PO DRAWER C
City-State-Zip: STARKE FL 32091Title D
Name REEVES, MITCH
Address 800 SEMINOLE ROAD
City-State-Zip: ATLANTIC BEACH FL 32233Title D
Name DEVILLE, THOMAS
Address PO BOX 1041
City-State-Zip: PENNEY FARMS FL 32079Title ST
Name ROYLE, MAX
Address 2200 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080Title D
Name BROWN, MARY L
Address 201 N. 2ND STREET
City-State-Zip: PALATKA FL 32177Title D
Name BROWN, TONY
Address PO BOX 420
City-State-Zip: KEYSTONE HEIGHTS FL 32656Title D
Name LEWIS, PAMELA
Address 321 WALNUT STREET
City-State-Zip: GREEN COVE SPRINGS FL 32043**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

ST

01/29/2017

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title D
Name LAND, SCOTT
Address 2042 PARK AVENUE
City-State-Zip: ORANGE PARK FL 32073