

2015 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 RENNINGER, JAMES B
Address 2042 PARK AVENUE
City-State-Zip: ORANGE PARK FL 32073

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

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

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

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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: MAX ROYLE

ST

03/20/2015

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 MARK, MARIA
Address 800 SEMINOLE ROAD
City-State-Zip: ATLANTIC BEACH FL 32233

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

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