#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 766251** 

Entity Name: NORTHEAST FLORIDA LEAGUE OF CITIES, INC.

FILED Feb 20, 2024 Secretary of State 5582352890CC

## **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: Yes

### 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 02/20/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name DAVIS, LOUIE Name NUGENT, DANNY

Address P.O. DRAWER B Address 209 NORTH THOMPSON STREET

City-State-Zip: WALDO FL 32694 City-State-Zip: STARKE FL 32091

Title D, PRESIDENT Title DIRECTOR

Name BOROM, RUFUS Name DEVILLE, THOMAS

Address 201 N. 2ND STREET Address PO BOX 1041

City-State-Zip: PALATKA FL 32177 City-State-Zip: PENNEY FARMS FL 32079

Title DIRECTOR Title DIRECTOR

NameBROWN, TONYNameSIRMONES, FREDAddress555 S. LAWRENCE BLVD.Address200 SW 1ST STREET

City-State-Zip: KEYSTONE HEIGHTS FL 32656 City-State-Zip: LAKE BUTLER FL 32054

TitleDIRECTORTitleDIRECTORNameHILL, JAKENameLYNCH, SEAN

Address 205 N.MARION AVENUE Address 10 US HIGHWAY 90 W
City-State-Zip: LAKE CITY FL 32055 City-State-Zip: BALDWIN FL 32234

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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: BETSY JORDAN EXECUTIVE DIRECTOR 02/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

D, SECRETARY-TREASURER Title

MYERS, MICHELE Name

Address

City-State-Zip: CRESCENT CITY FL 32212

3 SUMMIT STREET

Title EXECUTIVE DIRECTOR

Name JORDAN, BETSY Address 102 CANAL DRIVE

City-State-Zip: EAST PALATKA FL 32131

Title D, VP

Name BUTLER, CONNIE

Address 321 WALNUT STREET

City-State-Zip: GREEN COVE SPRINGS FL 32043