

2020 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 D
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 D
Name NUGENT, DANNY
Address 209 NORTH THOMPSON STREET
City-State-Zip: STARKE FL 32091

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

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

Title D
Name PEOPLES, SR., LARRY
Address 555 S. LAWRENCE BLVD.
City-State-Zip: KEYSTONE HEIGHTS FL 32656

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

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

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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

REGISTERED AGENT

05/01/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name HILL, JAKE
Address 205 N.MARION AVENUE
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name GRIFFIN, JAMES
Address PO BOX 518
City-State-Zip: POMONA PARK FL 32281

Title D
Name LYNCH, SEAN
Address 10 US HIGHWAY 90 W
City-State-Zip: BALDWIN FL 32234