

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766251

**FILED**  
**Jan 14, 2013**  
**Secretary of State**  
**CC4483241361**

**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 RENNINGER, J.R.  
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 HILDRETH, MARY LOU  
Address PO BOX 420  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title D  
Name TOTMAN, STANLEY  
Address 10 US 90 WEST  
City-State-Zip: BALDWIN FL 32234

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

Title P  
Name BORNO, MICHAEL  
Address 800 SEMINOLE ROAD  
City-State-Zip: ATLANTIC BEACH FL 32233

*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

**SECRETARY/TREASURER** 01/14/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date