

**2019 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 D  
Name BROWN, STEVE  
Address PO BOX 420  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

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

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

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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

**SECRETARY TREASURER** 02/07/2019

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

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

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

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

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