

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000022

Entity Name: NORTH FLORIDA LAND TRUST, INC.**Current Principal Place of Business:**2038 GILMORE ST.
JACKSONVILLE, FL 32204**Current Mailing Address:**2038 GILMORE ST.
JACKSONVILLE, FL 32204 US**FEI Number:** 59-3609167**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCCARTHY, JIM
NORTH FLORIDA LAND TRUST
2038 GILMORE ST.
JACKSONVILLE, FL 32204 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:** JIM MCCARTHY

01/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MCCARTHY, JIM
Address	2038 GILMORE ST.
City-State-Zip:	JACKSONVILLE FL 32204

Title	DIRECTOR
Name	LARSON, TOM
Address	2038 GILMORE ST.
City-State-Zip:	JACKSONVILLE FL 32204

Title	DIRECTOR
Name	CHAFIN, ROSS
Address	2038 GILMORE ST.
City-State-Zip:	JACKSONVILLE FL 32204

Title	SECRETARY
Name	MILLS, TREY
Address	2038 GILMORE ST.
City-State-Zip:	JACKSONVILLE FL 32204

Title	CHAIRMAN
Name	HOLT, KEITH
Address	2038 GILMORE ST.
City-State-Zip:	JACKSONVILLE FL 32204

Title	VC
Name	WILLIAMS, ELLEN
Address	2038 GILMORE ST.
City-State-Zip:	JACKSONVILLE FL 32204

Title	DIRECTOR
Name	BARTON, DAVID
Address	2038 GILMORE ST.
City-State-Zip:	JACKSONVILLE FL 32204

Title	TREASURER
Name	CARNEY, PATRICK
Address	2038 GILMORE ST.
City-State-Zip:	JACKSONVILLE FL 32204

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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: JIM MCCARTHY

PRESIDENT

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KIRKLAND, MARGARET
Address 2038 GILMORE ST.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name BUNTON, RAY
Address 2038 GILMORE ST.
City-State-Zip: JACKSONVILLE FL 32204