2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: NORTH FLORIDA LAND TRUST, INC.

Current Principal Place of Business:

2038 GILMORE ST.
JACKSONVILLE, FL 32204

Current Mailing Address:

PO BOX 51181
JACKSONVILLE BEACH, FL 32240-1181 US

FEI Number: 59-3609167

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DENKER, JAMES
1876 MELROSE PLANTATION DR.
JACKSONVILLE, FL 32223 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	ED
Name	BARNES, BONNIE E
Address	PO BOX 51181
City-State-Zip:	JACKSONVILLE BEACH FL 32240-1181

Title	PP
Name	LANGTON, MICHAEL
Address	1300 OAK HAVEN
City-State-Zip:	JACKSONVILLE FL 32207

Title	VP
Name	SODERHOLM, KARL
Address	14775 OLD ST. AUGUSTINE RD
City-State-Zip:	JACKSONVILLE FL 32246

Title	T
Name	DENKLER, JIM
Address	1876 MELROSE PLANTATION DR.
City-State-Zip:	JACKSONVILLE FL 32223

Title	PRESIDENT
Name	HOYLES, ADAM
Address	4355 BEVERLY AVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	SECRETARY
Name	COLEMAN, DOUG
Address	3885 ST. JOHNS AVE.
City-State-Zip:	JACKSONVILLE FL 32205

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: BONNIE E. BARNES EXECUTIVE DIRECTOR 04/01/2014

Electronic Signature of Signing Officer/Director Detail — Date