2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2022
Secretary of State
6544398591CC

DOCUMENT# N00000000022

Entity Name: NORTH FLORIDA LAND TRUST, INC.

Current Principal Place of Business:

843 W MONROE STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

843 W MONROE STREET
JACKSONVILLE, FL 32202 US

FEI Number: 59-3609167

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCCARTHY, JIM
843 W MONROE ST
JACKSONVILLE, FL 32202 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	PRESIDENT, DIRECTOR
Name	MCCARTHY, JIM
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	DEFOOR, ALLISON
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	NEWMAN, SHAWNA
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER, DIRECTOR
Name	CARNEY, PAT
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY, DIRECTOR
Name	BARTON, DAVID
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	BARKER, J MICHAEL
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	WILLIAMS, SHANE
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	CHAIRMAN, DIRECTOR
Name	DELANEY, JOHN
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

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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 01/26/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LASSERRE, JENNIFER
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	MCGOWAN, TED
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	KEITH, SCOTT
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	JONES, CARLTON
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	CHAUNCEY, PAUL
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	VC, DIRECTOR
Name	RAPP, MATT
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	MCDANIEL, CONNIE
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	BARTON, LISA
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	LONG, MELISSA
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	HOOFMAN, RICK
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	COUGHLIN, MEGAN
Address	843 W MONROE STREET
City-State-Zip:	JACKSONVILLE FL 32202