#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000001544

Entity Name: THE FIRST TEE OF NORTH FLORIDA, INC.

### **Current Principal Place of Business:**

475 W TOWN PLACE SUITE 115 SAINT AUGUSTINE, FL 32092

#### **Current Mailing Address:**

475 W TOWN PL SUITE 115 SAINT AUGUSTINE, FL 32092 US

### FEI Number: 59-3577327

## Name and Address of Current Registered Agent:

KING, AMBER 475 W TOWN PLACE SUITE 115 SAINT AUGUSTINE, FL 32092 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	AMBER KING			01/18/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	CHAIRMAN	Title	VC	
Name	KING, JEFF	Name	TINER, TOM	
Address	475 W TOWN PL SUITE 115	Address	475 W TOWN PL SUITE 115	
City-State-Zip:	SAINT AUGUSTINE FL 32092	City-State-Zip:	SAINT AUGUSTINE FL 32092	
Title	DIRECTOR	Title	SECRETARY	
Name	WILLOUGHBY, JEFFREY K	Name	SPARROW, NICKY	
Address	475 W TOWN PL SUITE 115	Address	475 W TOWN PL SUITE 115	
City-State-Zip:	SAINT AUGUSTINE FL 32092	City-State-Zip:	SAINT AUGUSTINE FL 32092	
Title	TREASURER	Title	OTHER	
Name	CHESAK, RANDY	Name	KING, AMBER	
Address	475 W TOWN PLACE SUITE 115	Address	475 W TOWN PL SUITE 115	
City-State-Zip:	SAINT AUGUSTINE FL 32092	City-State-Zip:	SAINT AUGUSTINE FL 32092	

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: AMBER KING

BUSINESS OPERATIONS 01/18/2019 MANAGER

# FILED Jan 18, 2019 Secretary of State 7971560179CC

Certificate of Status Desired: Yes