## 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000001544

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

**FILED** Sep 04, 2014 **Secretary of State** CC8914455882

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

4401 CYPRESS LINKS BLVD. ELKTON, FL 32033

## **Current Mailing Address:**

4401 CYPRESS LINKS BLVD ELKTON, FL 32033 US

FEI Number: 59-3577327 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

TREFRY, EARL C 4401 CYPRESS LINKS BLVD ELKTON, FL 32033 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: EARL C TREFRY 09/04/2014

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **SECRETARY** Title **TREASURER** 

Name MARGARET, DOWNEY Name LOCASALE, THOMAS Address

6737 SOUTHPOINT DRIVE SOUTH J-20 LINDA MAR DR Address

City-State-Zip: ST. AUGUSTINE BEACH FL 32080 City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR Title VΡ

Name FARLEY, JR, HARRY L Name JIM, HENRY Address 144 JAR DE MER PLACE

4500 SALISBURY RD SUITE 300 Address City-State-Zip: JACKSONVILLE BEACH FL 32250

JACKSONVILLE FL 32256 City-State-Zip:

Title **PRESIDENT** Title **PRESIDENT** Name TREFRY, EARL

TREFRY, EARL Name 4401 CYPRESS LINKS BLVD Address

4401 CYPRESS LINKS BLVD Address City-State-Zip: ELKTON FL 32033

ELKTON FL 32033 City-State-Zip:

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.

09/04/2014 SIGNATURE: EARL TREFRY **EXECUTIVE DIR**