

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001544

**FILED**  
**Jun 17, 2020**  
**Secretary of State**  
**7871204775CC**

**Entity Name:** RISING LEADERS 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

**Certificate of Status Desired:** Yes

**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

06/17/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name KING, JEFF  
Address 475 W TOWN PL  
SUITE 115  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title VC  
Name TINER, TOM  
Address 475 W TOWN PL  
SUITE 115  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title DIRECTOR  
Name WILLOUGHBY, JEFFREY K  
Address 475 W TOWN PL  
SUITE 115  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title SECRETARY  
Name SPARROW, NICKY  
Address 475 W TOWN PL  
SUITE 115  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title TREASURER  
Name CHESAK, RANDY  
Address 475 W TOWN PLACE  
SUITE 115  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title OTHER  
Name KING, AMBER  
Address 475 W TOWN PL  
SUITE 115  
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** 06/17/2020  
**MANAGER**

Electronic Signature of Signing Officer/Director Detail

Date