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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:54

DOCUMENT # **766251** **(3)**

1. Corporation Name
NORTHEAST FLORIDA LEAGUE OF CITIES, INC.

Principal Place of Business	Mailing Address
4114 HERSCHEL ST STE 100 JACKSONVILLE FL 32210 US	4114 HERSCHEL ST STE 100 JACKSONVILLE FL 32210 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1982
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-2560639 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MULLIS, CLAUDE L
4114 HERSCHEL ST.
STE. 100
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	ROYLE, MAX	1.2 NAME	
STREET ADDRESS	2110 HEY A1A SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE BCH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	JACOB, MARJORIE F.	2.2 NAME	
STREET ADDRESS	1775 HIGHWAY 17	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMONA PARK FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	P ☒ Change ☐ Addition
NAME	NICHOLSON, LARRY	3.2 NAME	George E. Sanders
STREET ADDRESS	2110 HWY A1A S	3.3 STREET ADDRESS	201 N. Second Street
CITY-ST-ZIP	ST AUGUSTINE BCH FL	3.4 CITY-ST-ZIP	Palatka, Florida 32177
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WOODS, TRAVIS V.	4.2 NAME	
STREET ADDRESS	1111 W PRATT STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LYNE, LESLIE	5.2 NAME	
STREET ADDRESS	614 MIDWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JERRY	6.2 NAME	
STREET ADDRESS	229 WALNUT ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George E. Sanders George E. Sanders 3/31/95 904/328-1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #