PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted] 2007 AR.

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 23 AM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766251

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ANNUAL REPORT

1. Corporation Name
Northeast Florida League of Cities, Inc.

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
2200 A1A South	2200 A1A South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine Beach, FL	City & State: St. Augustine Beach, FL
Zip: 32080 Country: USA	Zip: 32080 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/1982

5. FEI Number: 59-2560639 ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Max Royle

Street Address (P.O. Box Number is Not Acceptable): 2200 A1A South

Suite, Apt. #, Etc.:

City: St. Augustine Beach State: FL Zip Code: 32080

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 7-19-07
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	John Bowles	2042 Park Ave	Orange Park, FL 32073
VP	Charles Munn	1775 Hwy 17 South	Pomona Park, FL 32181
P	James Waters	800 Seminole Rd	Atlantic Beach, FL 32233 ~~320~~
Dir	Stanley Totman	10 US. 90 West	Baldwin, FL 32234
Sec/Tr	Max Royle	2200 A1A South	St. Augustine Beach, FL 32080
Dir	George Sanders	201 N. Second St	Palatka, FL 32177

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 8/17/07 904/868-1613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #