2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90188 011 ****70.00

DOCUMENT # N00000000022

1. Entity Name
NORTH FLORIDA LAND TRUST, INC.

Principal Place of Business	Mailing Address
24 CATHEDRAL PLACE SUITE 310 SAINT AUGUSTINE, FL 32084 US	24 CATHEDRAL PLACE SUITE 310 SAINT AUGUSTINE, FL 32084 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04162007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3609167 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCQUILKIN, WILLIAM JR 225 LAMPLIGHTER LANE PONTE VEDRA BEACH, FL 32082	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE ED ☐ Delete NAME VANDEN HOUTEN, CATHERINE STREET ADDRESS 545 WOODCIRCLE DRIVE CITY-ST-ZIP SAINT AUGUSTINE, FL 32086		TITLE President ☐ Change ☒ Addition NAME Mark Middlebrook STREET ADDRESS 21 Sailfish Dr. CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE PD ☐ Delete NAME STRICKLAND, DAVID STREET ADDRESS 300 WEST ADAMS STREET CITY-ST-ZIP JACKSONVILLE, FL 32202		TITLE President Emeritus ☒ Change ☐ Addition NAME David Strickland STREET ADDRESS 300 West Adams St. CITY-ST-ZIP Jacksonville, FL 32202	
TITLE T ☐ Delete NAME WALKER, LINDA D STREET ADDRESS 6620 SOUTHPOINT DR S, STE 310 CITY-ST-ZIP JACKSONVILLE, FL 32216		TITLE Secretary ☐ Change ☒ Addition NAME Cara Conholly STREET ADDRESS 7720 Financial Way, Ste 100 CITY-ST-ZIP Jacksonville, FL 32256	
TITLE S ☐ Delete NAME GROSS-ARNOLD, MELISSA STREET ADDRESS 245 RIVERSIDE AVE, STE 150 CITY-ST-ZIP JACKSONVILLE, FL 32202		TITLE Vice President ☒ Change ☐ Addition NAME Melissa Gross-Arnold STREET ADDRESS 245 Riverside Ave, Ste 150 CITY-ST-ZIP Jacksonville, FL 32202	
TITLE VP ☒ Delete NAME IRWIN, H. FRANKLIN III STREET ADDRESS 245 RIVERSIDE DR, STE 100 CITY-ST-ZIP JACKSONVILLE, FL 32202		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE PE ☒ Delete NAME MCQUILLIN, WILLIAM STREET ADDRESS 225 LAMPLIGHTER LANE CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine Vanden Houten Executive Dir. 4/23/07 904/827-9870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #