

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000385

FILED  
May 05, 2010  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA LYME ASSOCIATION, INC.

**Current Principal Place of Business:**

3948 3RD STREET SOUTH  
STE 285  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

3948 3RD STREET SOUTH  
STE 285  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 26-4014530      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KING, ANDREA E  
3418 1ST STREET S  
JACKSONVILLE BEACH, FL 32250      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** TSD  
**Name:** KING, ANDREA E  
**Address:** 3418 1ST STREET S  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

**Title:** VPD  
**Name:** BOGGS, DANE  
**Address:** 684 PONTE VEDRA BLVD  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** VPD  
**Name:** FRIEDMAN, PETER L  
**Address:** 336 WATERS EDGE DR SOUTH  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** PC  
**Name:** BOGGS, AIMEE L  
**Address:** 684 PONTE VEDRA BLVD  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** D  
**Name:** CROZIER, JOE  
**Address:** 1107 MYRA ST., #250  
**City-St-Zip:** JACKSONVILLE, FL 32204

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: ANDREA E. KING

TSD

05/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date