

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000385

FILED
Jan 06, 2012
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 ()

Name and Address of Current Registered Agent:

KING, ANDREA E
3418 1ST STREET S
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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: SD
Name: MARY, JAYCOX A
Address: 1840 RIVER ROAD
City-St-Zip: JACKSONVILLE, FL 32207

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

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

Title: D
Name: KERRY, CLARK L
Address: UNF, 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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

01/06/2012

Electronic Signature of Signing Officer or Director

Date