DOCUMENT # N98000005149

NORTHEAST FLORIDA PRESERVATION, INC.

Principal Place of Business

'Mailing Address

48 KING STREET

ST. AUGUSTINE FL 32085

P.O. BOX 4168

ST. AUGUSTINE FL 32085

É INDITANT DIA SULAT 19116 DOIST DUST ABSIL ABSIL ABSIL DOIST ALSO TIATS BERLE EDIT FRAN

FILED SECRETARY OF STATE DIVISIONS

02 JUL 17 PM 4: 01

Suite, Apt. #, etc. Suit		3. Mailing Address	***						
		Suite, Apt. #, etc.		DO	DO NOT WRITE IN THIS SPACE				
		City & State		4. FEI Number NOT	4. FEI Number NOT APPLICABLE				
Zip	Country	Zip	Country	5. Certificate of Statu	s Desired	Not Applicable \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name						
48 KIN	LESLEE G STREET IGUSTINE FL 32085		Street Addr	ess (P.O. Box Number is Not	Acceptable)				
01. AU	1000 TINE P.C. 32003		City		F	Zip Code			
). The al	bove named entity submits this statement for th		g its registered office or rec		e state of Florida.				
FILE NOW: FEE IS \$61.25			Campaign Financing and Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Department of State				
0.	OFFICERS AND DIREC	TORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND F	DIRECTORS IN 10			
TLE	D	Delete	TITLE D	10000	. ***	Change Addition			

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	Delete	TITLE	D	☐ Change	Addition		
NAME	HUNT, E.L. ROY		NAME	CAMPBELL, KENNETH				
STREET ADDRESS	P.O. BOX 117643		STREET ADDRESS	703 Emmett Avenue		[]		
CITY-ST-ZIP	GAINESVILLE FL 32611-7643		CITY-ST-ZIP	Palatka, FL 32177				
TITLE	C	Delete	TITLE	C	☐ Change	Addition		
NAME	STE. CLAIRE, DANA		NAME	SHUTTLEWORTH, MARK	_ •	_		
STREET ADDRESS	250 ST. GEORGE ST.		STREET ADDRESS	112 W. Georgia Avenue		1		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		CITY-ST-ZIP	DeLand, FL 32720				
TITLE	D	☐ Delete	TITLE	D	☐ Change	X Addition		
NAME	FLEMING, KATHY		NAME	FREEMAN, NANCY	_ ,			
STREET ADDRESS	81 LIGHTHOUSE AVENUE		STREET ADDRESS	2441 Foxwood Road, South		1		
CITY-ST-ZIP	ST AUGUSTINE FL 32084		CITY-ST-ZIP	Orange Park, FL 32073				
TITLE	D	■ Delete	TITLE	D	☐ Change	Addition		
NAME	DUNNAVANT, SANDRA		NAME	BARROW, MARK				
STREET ADDRESS	P.O. BOX 627		STREET ADDRESS	6419 Latchstring Court				
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	•	CITY-ST-ZIP	Melrose, FL 32666				
TITLE	D	☐ Delete	TITLE	D	☐ Change	Addition		
NAME	LOCKWOOD, NORMA K		NAME	OXLEY, J.M."CHIP"				
STREET ADDRESS	4844 ARAPAHOE LANE		STREET ADDRESS	101 Nassau Place				
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP	Yulee FL 32097				
TITLE	ν	Delete	TITLE	D	☐ Change	* Addition		
NAME	LITTLE, SUSAN		NAME	WILLIAMS CAROLYN				
STREET ADDRESS	11863 OCEAN VILLAGE DR		STREET ADDRESS	WILLIAMS, CAROLYN	•			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE:

AMELIA ISLAND FL 32034

Jacksonville, FL

 γ

STATE OF FLORIDA **VOUCHER SCHEDULE** DATE 03/21/2002 S-W/Agency Voucher No. OLO 450000 D20-0052-8961 DEPARTMENT DEPARTMENT OF STATE 005220 SITE DEPARTMENT OF STATE M COMPTROLLER ACCOUNT NUMBER OBJECT TRANS CODE TRANS CODE CF 25 CODE 45 COMPTROLLER ACCOUNT NAME INVOICE INCREASE AMOUNT INVOICE AMOUNT INCREASE AMOUNT 45101000132-4520010000-04000000 4990 61.25 ADMINISTRATIVE SERVICES DIVISIO **EXPENSES** INV: 000004625 61.25 45502130001-4530010000-00010000 61.25 CORPORATIONS TRUST FUND DOS FEE WANT DATE _ DATE MAILED __ TOTAL TOTAL TRANSACTION TYPE: JOURNAL ADVICE 61.25 61.25 nereby certify that the above transactions are in accordance with the orida Statutes and all applicable laws and rules of the State of Florida. For State Comptroller's Use Only Time In PPROVED: Audited By TITLE DIRECTOR, DIVISION OF ADMINISTRATIVE SERVICES