#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 766251** 

Entity Name: NORTHEAST FLORIDA LEAGUE OF CITIES, INC.

**FILED** Feb 01, 2021 **Secretary of State** 4728407711CC

## **Current Principal Place of Business:**

2200 A1A SOUTH

ST. AUGUSTINE. FL 32080

## **Current Mailing Address:**

2200 A1A SOUTH

ST. AUGUSTINE. FL 32080 US

FEI Number: 59-2560639 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

ROYLE, MAX 2200 A1A SOUTH

ST. AUGUSTINE, FL 32080 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

#### Officer/Director Detail:

Title Title ST

DAVIS, LOUIE ROYLE, MAX Name Name P.O. DRAWER B 2200 A1A SOUTH Address Address

City-State-Zip: ST. AUGUSTINE FL 32080 WALDO FL 32694 City-State-Zip:

Title D Title VΡ

Name BOROM, RUFUS Name NUGENT, DANNY Address 201 N. 2ND STREET Address 209 NORTH THOMPSON STREET PALATKA FL 32177 City-State-Zip: City-State-Zip: STARKE FL 32091

Title Title D

Name PEOPLES, SR., LARRY **DEVILLE. THOMAS** Name Address 555 S. LAWRENCE BLVD. PO BOX 1041 Address

City-State-Zip: KEYSTONE HEIGHTS FL 32656 City-State-Zip: PENNEY FARMS FL 32079

Title Title

Electronic Signature of Signing Officer/Director Detail

HENLEY, EDDIE Name SIRMONES, FRED Name 2042 PARK AVENUE Address 200 SW 1ST STREET Address City-State-Zip: ORANGE PARK FL 32073

City-State-Zip: LAKE BUTLER FL 32054

# Continues on page 2

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: MAX ROYLE

SECRETARY/TREASURER 02/01/2021

Date

# Officer/Director Detail Continued:

Title D Title D

Name HILL, JAKE Name LYNCH, SEAN

Address 205 N.MARION AVENUE Address 10 US HIGHWAY 90 W
City-State-Zip: LAKE CITY FL 32055 City-State-Zip: BALDWIN FL 32234

Title D Title D

NameGRIFFIN, JAMESNameBUTLER, CONNIEAddressPO BOX 518Address321 WALNUT STREET

City-State-Zip: POMONA PARK FL 32281 City-State-Zip: GREEN COVE SPRINGS FL 32043