

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000765

Entity Name: THE NORTH FLORIDA CHAPTER OF US LACROSSE, INC**Current Principal Place of Business:**C/O HOWARD&COMPANY CPA, PA
4745 SUTTON PARK COURT , STE 102
JACKSONVILLE, FL 32224**Current Mailing Address:**PO BOX 2541
PONTE VEDRA BEACH, FL 32004-2541 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SCHUSTER, KAETHE C
129 WOODLANDS CREEK DR
PONTE VEDRA BEACH, FL 32082 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:** KAETHE C. SCHUSTER**02/12/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	KILLEA, MICHAEL	Name	SCHUSTER, KAETHE C
Address	PO BOX 2541	Address	PO BOX 2541
City-State-Zip:	PONTE VEDRA BEACH FL 32004-2541	City-State-Zip:	PONTE VEDRA BEACH FL 32004-2541
Title	VP	Title	SECRETARY
Name	APPLEGATE, JAMES	Name	DOHERTY, JENNIFER
Address	PO BOX 2541	Address	PO BOX 2541
City-State-Zip:	PONTE VEDRA BEACH FL 32004-2541	City-State-Zip:	PONTE VEDRA BEACH FL 32004-2541

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: KAETHE SCHUSTER**TREASURER****02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date