

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46543

Entity Name: NORTH EAST BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

2878 MAHAN DR.
TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 14212
TALLAHASSEE, FL 32317 US

FEI Number: 59-3091799

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RYAN, MARK J
2878 MAHAN DR.
TALLAHASSEE, FL 32308 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: MARK J. RYAN

05/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, DIRECTOR
Name WILSON, JACKIE
Address PO BOX 14212
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER, DIRECTOR
Name ELHILOW, HOLLIE MYERS
Address PO BOX 14212
City-State-Zip: TALLAHASSEE FL 32317

Title PRESIDENT, DIRECTOR
Name TOMLINSON, HUGH
Address PO BOX 14212
City-State-Zip: TALLAHASSEE FL 32317

Title PAST PRESIDENT, DIRECTOR
Name MAY, DON
Address PO BOX 14212
City-State-Zip: TALLAHASSEE FL 32317

Title PRESIDENT-ELECT, DIRECTOR
Name LAVOIE, CINDY
Address PO BOX 14212
City-State-Zip: TALLAHASSEE FL 32317

Title PAST-PRESIDENT, DIRECTOR
Name CROLEY, WILL
Address PO BOX 14212
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name FIORE, DAVID
Address PO BOX 14212
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name FOURNIER, AUDRA
Address PO BOX 14212
City-State-Zip: TALLAHASSEE FL 32317

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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: HOLLIE MYERS ELHILOW

TREASURER

05/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARDEE, KAILA
Address PO BOX 14212
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name MILLER, BRETT
Address PO BOX 14212
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name RYAN, MARK J
Address 2878 MAHAN DR.
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name KIRK, DAVID
Address PO BOX 14212
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name RIVEST, DUSTIN
Address PO BOX 14212
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name WHEELER, DOUG
Address PO BOX 14212
City-State-Zip: TALLAHASSEE FL 32317