

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006331

1. Entity Name
**THE BOYS & GIRLS CLUB OF NASSAU COUNTY
FOUNDATION, INC.**



Principal Place of Business
**217 CENTRE STREET
STE 4
FERNANDINA BEACH, FL 32034**

Mailing Address
**PO BOX 16003
FERNANDINA BEACH, FL 32035**

FILED

04 MAY -5 PM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

05032004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3672345

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACOBS, ARTHUR I
401 CENTRE STREET 2ND FLOOR
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is **\$61.25**
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

200036192832

05/12/04--01U33--001 **61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SABADIE, PATRICK 24 BEACH WALKER ROAD FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, JOHN 67 LONG POINT AMELIA ISLAND, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DAVID F 1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPAETH, BOB 82 MARSH CREEK ROAD FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOWER, BILL 26 SALT MARSH DR FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, JEFF & JULIE 4 HARRISON CREEK RD FERNANDINA BEACH, FL 32034

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IN THIS SPACE**

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.

SIGNATURE: *MICHAEL W. HOWELL* *Michael W. Howell* **4-30-04** **904.261.8666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]