

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004933

Entity Name: NSB CAPS, INC.

FILED
Jul 09, 2007
Secretary of State

Current Principal Place of Business:

1015 10TH STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

PO BOX 1808
NEW SMYRNA BEACH, FL 321701808

New Mailing Address:

FEI Number: 59-3298590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ELDRIDGE, HEIDI L
684 SANDBERG LANE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

BAYLES, SALLY A
503 N CAUSEWAY, #501
NEW SMYRNA BEACH, FL 32169 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: SALLY A BAYLES

07/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANE, SHAWN
Address: 2411 GLINMORE CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD () Delete
Name: DESOTO, JODI R
Address: 4313 GULF COVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP () Delete
Name: KOPP, LORI W
Address: 2071 MARSH HARBOUR DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD () Delete
Name: ELDRIDGE, HEIDI L
Address: 684 SANDBERG LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LANE, SHAWN
Address: 2411 GLENMORE CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GREATREX, WALTER W
Address: 2938 MANGO TREE RD.
City-St-Zip: EDGEWATER, FL 32141

Title: TD (X) Change () Addition
Name: BAYLES, SALLY A
Address: 503 N. CAUSEWAY, #501
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SALLY A BAYLES

TD

07/09/2007

Electronic Signature of Signing Officer or Director

Date