2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N95000004933

Entity Name: NSB CAPS, INC.

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)**

Name and Address of Current Registered Agent:

BAYLES, SALLY A
503 N CAUSEWAY, #501
NEW SMYRNA BEACH, FL 32169 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: _____ 01/16/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KENNEDY, GEORGE
Address: 2528 PINE TREE ROAD
City-St-Zip: EDGEWATER, FL 32141

Title: SD ( ) Delete
Name: SAPPINGTON, SUSAN
Address: 1400 PALMETTO ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 01/16/2009
Electronic Signature of Signing Officer or Director — Date