

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004933

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**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 ( )**

**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:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

**Title:** VP  
**Name:** DESOTO, JODI R  
**Address:** 4313 GULL COVE  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32169

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

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:** SALLY A BAYLES

TD

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date