

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004933

Entity Name: NSB CAPS, INC.**Current Principal Place of Business:**1400 PALMETTO ST
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**PO BOX 1808
NEW SMYRNA BEACH, FL 32170-1808**FEI Number:** 59-3298590**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SAPPINGTON, SUSAN
1400 PALMETTO ST
NEW SMYRNA BEACH, FL 32168 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:** SUSAN SAPPINGTON

01/12/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	JOHNSON, JEFF
Address	1702 PIONEER TRAIL
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	TREASURER
Name	SAPPINGTON, SUSAN
Address	1400 PALMETTO ST
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	OTHER
Name	DESOTO, JODI
Address	4313 GULL COVE
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	OTHER
Name	LANE, SHAWN
Address	2411 GLENMORE CT
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	OTHER
Name	GINTZ, SHANNON
Address	1603 SABAL PALM DR
City-State-Zip:	EDGEWATER FL 32132

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: SUSAN SAPPINGTON**REGISTERED
AGENT/TREASURER**

01/12/2014

Electronic Signature of Signing Officer/Director Detail

Date